

AWARENESS PREVENTION HOPE JUNDEERS TAINDING EDUCATION



2012 ANNUAL REPORT



AMERICAN FOUNDATION FOR
Suicide Prevention



TABLE OF CONTENTS

1	Mission
2	More Than Just Words
4	Scientific Research
6	Prevention Projects
8	Public Education
10	Public Policy
12	Survivor Initiatives
14	Resource Development
16	Lifesavers Dinner
18	Allies in Action
20	Out of the Darkness Walks
22	Leadership
24	Chapters
27	Research Grants
31	Financial Statements
36	Donors

OUR MISSION

The **American Foundation for Suicide Prevention (AFSP)** is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

TO FULLY ACHIEVE ITS MISSION, AFSP ENGAGES IN THE FOLLOWING FIVE CORE STRATEGIES:

- Fund scientific research
- Offer educational programs for professionals
- Educate the public about mood disorders and suicide prevention
- Promote policies and legislation that impact suicide and prevention
- Provide programs and resources for survivors of suicide loss and people at risk, and involve them in the work of the Foundation

AWAWARENESS PREVENTION UNDERSTANDING



Robert Gebbia
Executive Director



David Norton
Chair of the Board



John F. Greden, M.D.
President

Dear Friends,

Awareness, Prevention, Understanding, Hope...more than just words, they are at the core of the American Foundation for Suicide Prevention's mission.

Through its support of scientific research, education and grassroots advocacy, AFSP is advancing its mission of understanding and preventing suicide. We believe these are the investments needed to reverse the upward trend in the U.S. suicide rate and save lives.

Research is a critical step toward this goal because what we *do* must be grounded in what we *know* about why people die by suicide. Historically, the nation's support of research on suicide has lagged behind research on other leading causes of death. Last year's record level of donations to AFSP allowed us to invest in promising new studies and maintain our position as the leading private source of funding for suicide research. While this momentum is encouraging, going forward greater research investments are needed and how we apply limited funds is important. That's why AFSP is playing a lead role on the Research Prioritization Task Force of the National Action Alliance for Suicide Prevention. The goal is to identify the priority studies that will have the greatest impact on preventing suicide over the next decade.

Research also provides the basis for innovative interventions. One example is AFSP's anonymous online Interactive Screening Program (ISP), which has been shown effective in bringing at-risk college students into treatment. Listed in the Best Practices Registry for Suicide Prevention, the ISP is now being used by colleges and universities across the country, including many medical schools and for the first time all 10 University of California campuses. In 2012, we evaluated our pilot

initiative with the VA and the National Suicide Prevention Lifeline, where the program was adapted for use with veterans. A similar program has been launched as part of the NFL Life Line for players, former players and their families. Recently, the Boston Police Department began using the program, which will allow us to assess its effectiveness with law enforcement.

AFSP now has 56 community-based chapters working across the country, bringing our prevention and education programs to tens of thousands of people nationwide. One such program, *More Than Sad*, teaches high school students about teen depression, anxiety, the dangers of alcohol use and the negative effects of bullying. *More Than Sad* encourages young people with problems to seek help for themselves or a friend, and a companion program trains teachers about the role they can play in suicide prevention.

In 2012, the Foundation recruited and trained advocates from all 50 states, and dedicated volunteers from 33 states participated in our annual Advocacy Forum in Washington, DC, making 270 visits to House and Senate offices. They educated their Congressional members and/or staff about the need for implementation of mental health parity, which became law over four years ago, but no final regulations have been issued. They also advocated for veteran and military suicide prevention, increased funding for research, and anti-bullying legislation.

This year we saw dramatic increase in grassroots involvement in suicide prevention. Individuals and families impacted by suicide became involved in numbers not seen before, and were increasingly open about how suicide has touched their lives. As we have seen with breast cancer and HIV/AIDS, these champions can be effective in raising awareness, educating the public about prevention, advocating for policies and legislation, and providing the vital resources of time and money. This is most evident in the growth of AFSP's Out of the Darkness Walks. These walks for suicide prevention, which launched eight years ago in a handful of communities, took place this year in 275 cities and towns. Well over 100,000 people walked and another 300,000 sponsored a walker.

And when suicide does occur, AFSP is there to offer information and support to the surviving family and friends. In 2012, assisting survivors of suicide loss remained a high priority as we increased our International Survivors of Suicide Day healing conferences to 300 sites in 20 countries. We held eight regional trainings for survivor support group facilitators and those that want to learn how to facilitate a group, and our Survivor Outreach Program linked volunteer survivors with the recently bereaved. We also completed a study aimed at improving the treatment of survivors suffering with complicated grief.

As a not-for-profit organization, AFSP relies on contributions from foundations, corporations and individuals. We are grateful to our donors for their generous support, and pledge to continue to earn their trust by maximizing the funds we invest in research and programs. Last year, AFSP's support of research and programs was 82.1 percent of total expenditures, and fundraising and administrative expenses remained below industry standards at 17.9 percent.

In the not so distant past suicide was poorly understood and rarely talked about. Today, we are making progress toward reducing the stigma that has surrounded depression and other mental disorders that can lead to suicide. Then, suicide was a secret; now suicide is seen as a major public health problem—and its prevention is becoming a higher priority for our nation.

While we are hopeful about the future, we also recognize the challenges we face with over 650,000 suicide attempts needing medical attention and 38,000 lives lost each year.

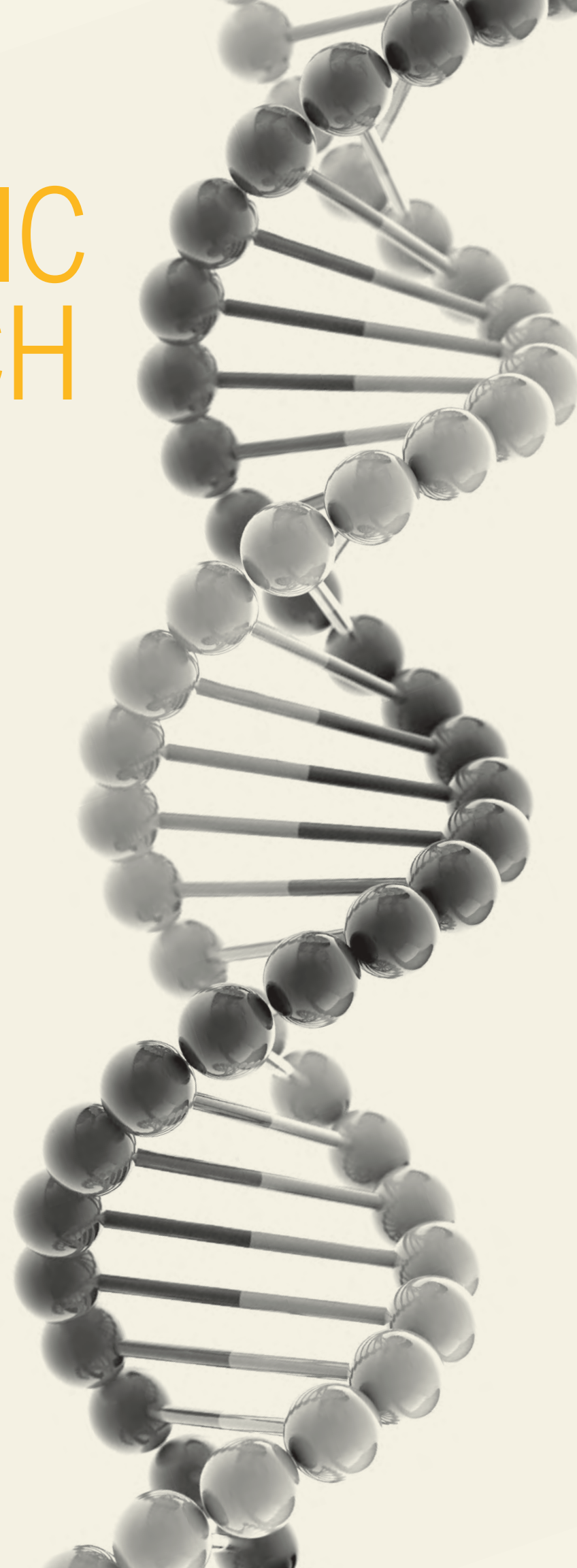
At AFSP, we are turning words into action and we will continue to invest in the science, education and grassroots involvement that offer hope for preventing this tragic loss of life.

Robert Gebbia
Executive Director

David Norton
Chair of the Board

John F. Greden, M.D.
President

SCIENTIFIC RESEARCH



AFSP-funded studies advance our understanding of the neurobiological, genetic and behavioral factors that contribute to suicide, and investigate promising interventions and treatments that can help prevent suicide.

Twenty new grants were awarded by AFSP in 2012, bringing our investment in current studies to \$4.5 million.

The newly-awarded projects examine biological and psychotherapeutic treatment approaches to reduce suicide risk; assessment and intervention tools for online and mobile audiences; interventions for individuals with acute suicidal ideation; and approaches tailored to veterans with PTSD, children with bipolar disorder, the elderly, and individuals with borderline personality disorder. Several studies examine genetic and brain pathways to suicide and new technologies to understand treatment effectiveness.

AFSP is the leading private supporter of suicide prevention research with significant breadth in our portfolio, generating new ideas and innovation in suicide research. Highlights from some of our recently-funded studies include:

Genetic and environmental risks: Genetic and environmental risk factors of suicidal behavior in adopted children using 30 years of data from the national Swedish registry showed that the combination of a history of suicidal behaviors in biological parents and a history of adoptive mothers' psychiatric hospitalizations increased an adoptee's risk for suicidal behavior four-fold over adoptees with either risk factor alone. (Wilcox, Pilot Grant)

Adolescent decision-making: A comparison of impulsivity and aggression in adolescents who had made a suicide attempt versus similar youth who had not made a suicide attempt demonstrated that those who had made an attempt were less likely to effectively assess risk and may lack flexibility in their decision-making. (Bridge, Young Investigator)

Brain chemistry: Levels of the microRNA molecule TrkB-T1 were found to be lower in the brains of people who died by suicide than in the brains of people who died by other means. The differences identified were specifically in the frontal cortex, an area of the brain that is involved in the organization and control of behavior. (Turecki, Distinguished Investigator)

Improving treatment: Collaborative Assessment and Management of Suicidality (CAMS) is an intervention to increase treatment engagement after an ER visit for suicidal behavior. Patients receiving CAMS demonstrated more rapid and long-lasting improvements than those who received treatment-as-usual. CAMS shows promise for assisting recently discharged patients during a difficult transition. (Comtois, Distinguished Investigator)

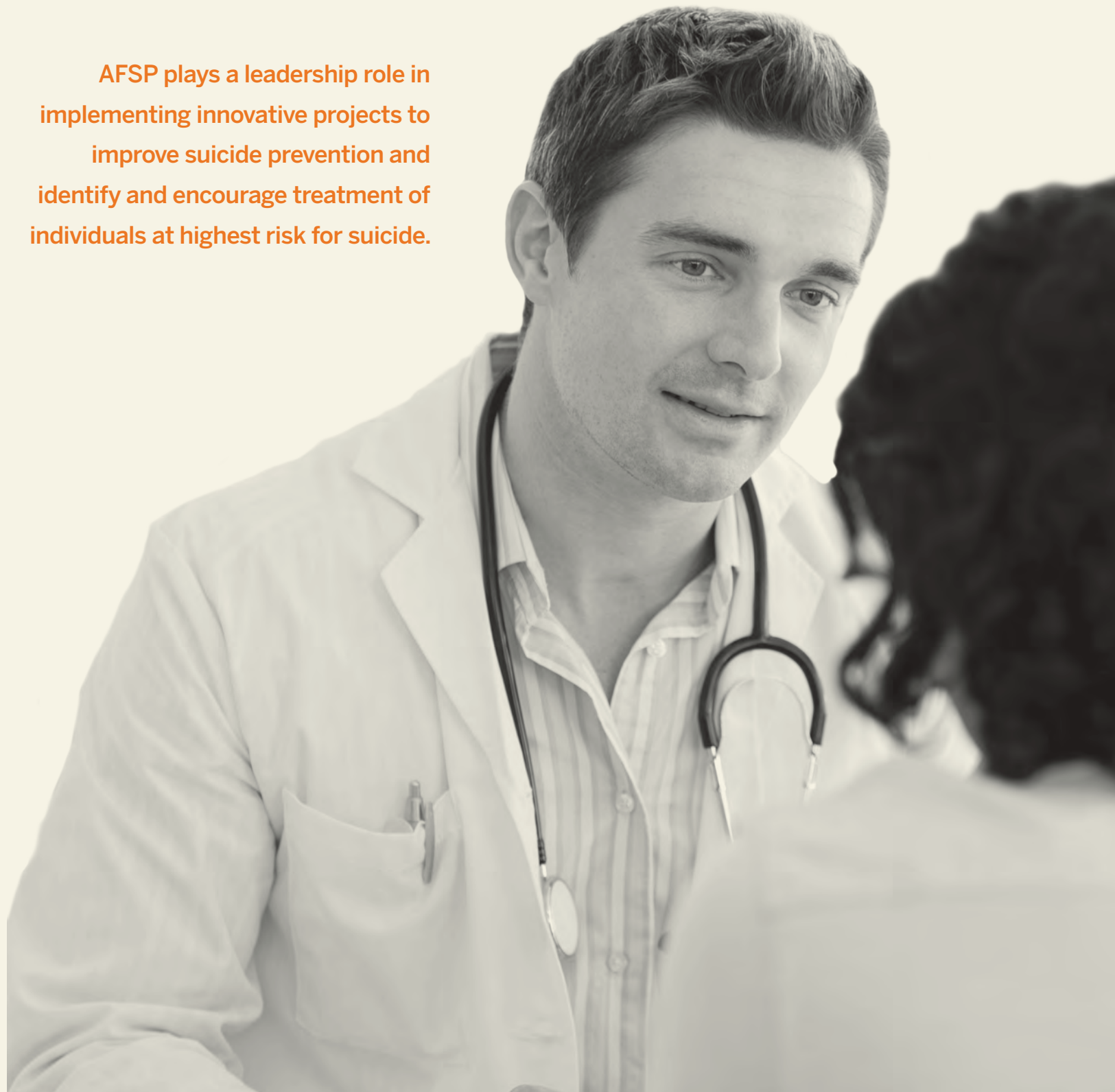
Bullying and suicidal behavior: A longitudinal study in six New York high schools demonstrated that bullying was only associated with later suicidal ideation or attempts for students who were previously at risk. Students without earlier risk factors had fewer psychiatric problems over time than those who were already at risk at the beginning of the study. (Gould, Standard Grant)

AFSP is playing a lead role in establishing the first-ever national suicide prevention research agenda. The goal of this agenda—developed through AFSP's participation on the Research Prioritization Task Force of the National Action Alliance for Suicide Prevention—is to identify and advance the priority studies that will have the greatest impact on preventing suicide over the next decade. AFSP also shares its research expertise with national agencies, such as the National Institute of Mental Health and the Substance Abuse and Mental Health Services Administration, and with academic institutions and researchers interested in suicide research.

Biological research shows that suicide is a disease of the brain.

PREVENTION PROJECTS

AFSP plays a leadership role in implementing innovative projects to improve suicide prevention and identify and encourage treatment of individuals at highest risk for suicide.



AFSP's Interactive Screening Program is meeting the goal of identifying and encouraging at-risk individuals into treatment. Listed in the Best Practices Registry for Suicide Prevention, the ISP has been adopted by over 60 colleges and universities, including many medical schools and all 10 University of California schools—the first time the ISP has been adopted by a state system. Using the ISP screening tool and protocol, AFSP has developed the Veterans Self-Check Quiz that is being used by the VA and the National Suicide Prevention Lifeline to facilitate effective use of the Veterans Crisis Line and online chat service. A similar program has been launched with the NFL Life Line, which encourages help-seeking behavior among current and former players. Pilot ISP workplace programs will soon be implemented for police officers at the Boston Police Department and employees of a Fortune 500 company.

AFSP increases efforts to reduce suicide among lesbian, gay, bisexual and transgender individuals. AFSP, with support from the Johnson Family Foundation, is continuing its efforts to educate public and professional audiences across the country about LGBT suicide and suicide risk and promising prevention strategies. AFSP is also playing a leadership role on the Task Force on LGBT Populations of the National Action Alliance for Suicide Prevention. AFSP has worked with the Action Alliance to incorporate LGBT-related material into the 2012 revision

of the National Strategy for Suicide Prevention, and has begun to address the lack of sexual orientation and gender identity information among persons who die by suicide. AFSP has launched a ground-breaking effort to encourage its research grant recipients to include sexual orientation and gender identity among the participant characteristics measured in all newly funded studies.

Media recommendations address the risk of contagion and encourage responsible reporting of suicide. Developed by AFSP, journalists, researchers and others, the media recommendations offer tools for journalists so that they can report about suicide safely and accurately. Research has shown that certain types of reporting can unintentionally contribute to copycat suicides. AFSP has collaborated with Columbia University's Dart Center for Journalism & Trauma, sponsoring a workshop for journalists aimed at encouraging media to report about suicide safely. AFSP is planning further conferences and partnerships with journalists to address this important issue.

Billboard campaign educates Americans about the serious nature of depression, and urges those clinically depressed to see their doctor. The billboards offer a website that contains a health questionnaire and other information about depression. The billboards are currently on display in eleven cities, with planned

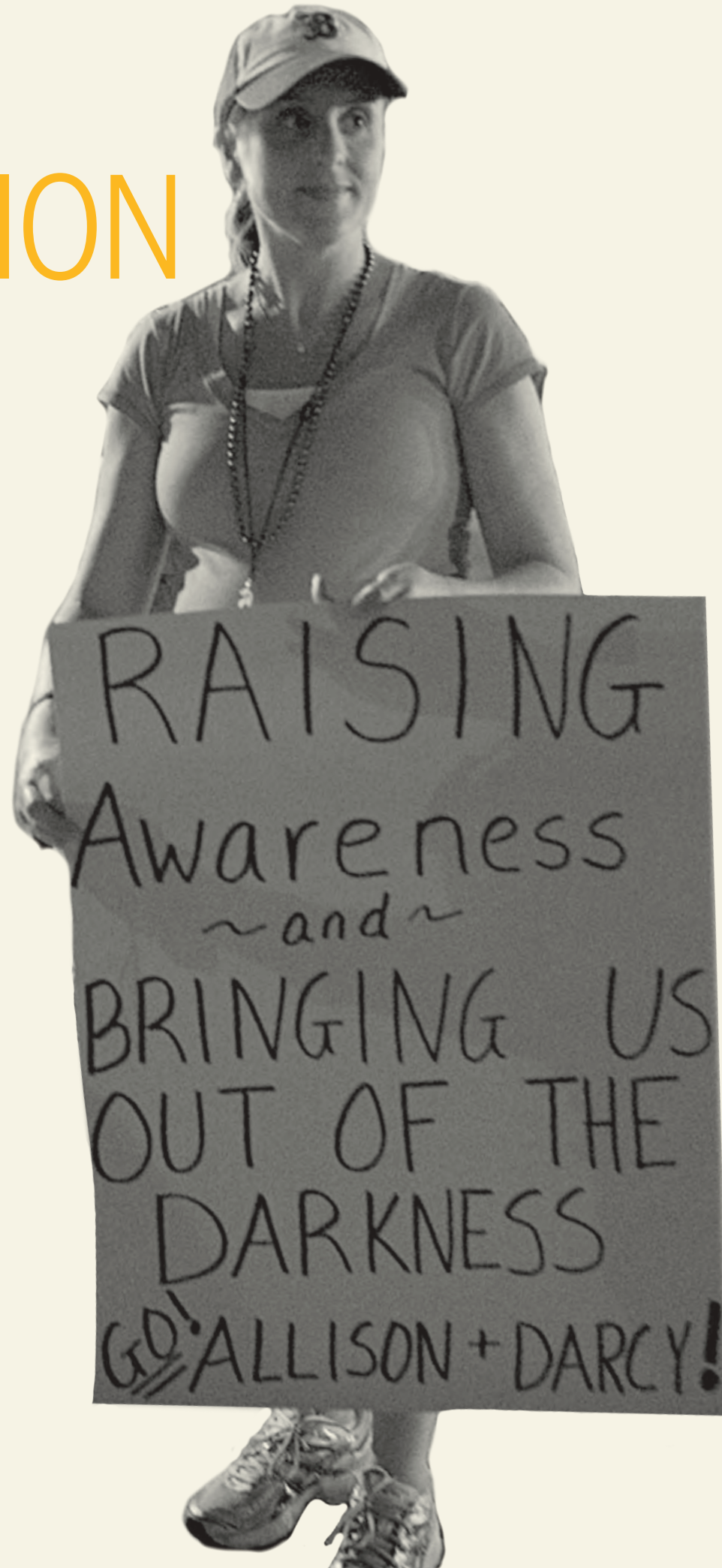
expansion to additional markets in 2013. Eighty-three percent of responders to a randomized phone survey in Minnesota felt the billboards would encourage a depressed person to seek help.

AFSP chapters educate professionals about depression and suicide prevention. For example, AFSP-Arkansas presented "Suicide Prevention for Law Enforcement Personnel," to the entire Little Rock office of the FBI, and has plans to provide their presentation to other regional FBI offices in the state; the Metro Atlanta chapter educated administrators from 20 nursing homes/senior assisted living facilities on suicide in the elderly; and the Greater Philadelphia chapter continued their work with the city's fire department by presenting a host of workshops for first responders and their supervisors on identifying signs of depression and the importance of reaching out for help.

Fifty to 75% of all people who attempt suicide tell someone about their intention.

PUBLIC EDUCATION

AFSP awareness initiatives increase the public's knowledge about the mental disorders most often responsible for suicide, reduce the stigma associated with these disorders, and encourage help-seeking behavior.



More Than Sad training program is educating high school students about depression and teachers about the problem of youth suicide. Listed in the Best Practices Registry for Suicide Prevention, the program consists of two 25-minute films that include Internet and collateral materials. The film for teens contains an anti-bullying and destigmatizing message, and is designed to be used in health classes. To date, over 12,500 films have been distributed nationwide, and the program has been adopted by several state departments of education for use in all high schools in their state.

AFSP helps to educate patients with mood disorders, their families and caregivers. The program, *Depression and Bipolar Awareness: From Diagnosis to Remission*—now airing on the AFSP website and in markets nationwide—features medical experts and a panel of patients and family members talking about their experiences with depression and bipolar disorder, the benefits of treatment, and recovery. To date, over 5,000 people have viewed the program.

AFSP's teen suicide prevention campaign continues. *Suicide Shouldn't Be a Secret* consists of radio and television public service announcements, with materials made available through the AFSP website. Since 2000, AFSP's public service announcements have aired in national and local markets across the country, reaching an estimated 100 million people.

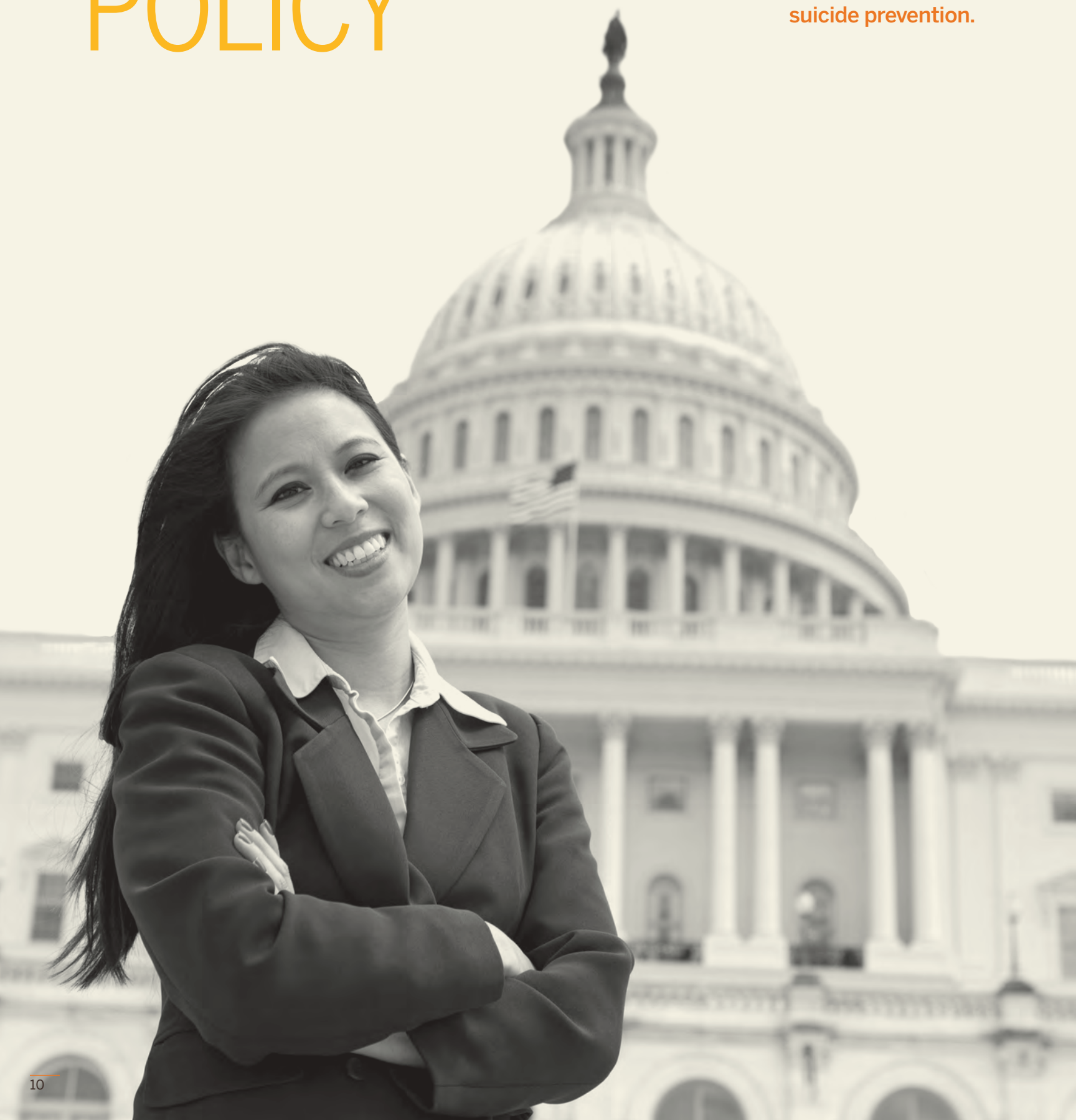
AFSP film continues to be used at colleges nationwide. *The Truth about Suicide: Real Stories of Depression in College* is an outgrowth of AFSP's commitment to support colleges and universities in implementing suicide prevention as an integral part of their campus activities and services. The film presents real accounts of depression and other problems associated with suicide as they are commonly experienced by college students. The film is promoted to colleges and at national conferences, with over 16,000 copies distributed to date.

AFSP chapters educate the general public about depression and suicide. For example, AFSP-Greater Illinois held 22 organizing events for volunteers, distributing information and speaking out to over one million people across the state about the problem of suicide; the Central Pennsylvania chapter appeared on the local television program "Central PA Live," where they discussed suicide prevention and awareness and AFSP's Out of the Darkness Community Walks; and the South Carolina chapter presented AFSP's "Suicide Prevention: Saving Lives, One Community at a Time" training to over 2,000 soldiers, veterans, civilian staff and family members at Fort Jackson during National Suicide Prevention Week.

We can save lives by teaching the public to recognize mental disorders and to encourage those in need to seek help.

PUBLIC POLICY

AFSP mobilizes a national network of grassroots advocates to alert officials about the policies and legislation that can advance suicide prevention.



AFSP participates in the third annual Federal Partners in Bullying Prevention Summit, hosted by the U.S. Department of Education. Presenting during a plenary panel discussion, AFSP emphasized the need to ensure that vulnerable individuals receive safe and accurate messages about the complex relationship between bullying and suicide.

AFSP plays pivotal role in the adoption of state laws that now mandate suicide prevention training for school personnel and mental health professionals. AFSP Field Advocates and chapter volunteers educated their elected officials, wrote letters to committee members, testified at hearings and served as a resource to bill sponsors in Alaska, South Carolina and Utah, where suicide prevention training is now mandated for school personnel (10 additional states require and 17 states encourage this training). AFSP volunteers also advocated for passage of the Matt Adler Suicide Assessment, Treatment and Management Act in Washington State, the first state law that requires suicide prevention training for psychologists, occupational therapists, mental health counselors, social workers and chemical dependency professionals.

AFSP continues support of veterans and military personnel. AFSP worked with Congress to secure \$40 million to support suicide prevention efforts for active-duty soldiers, reservists and veterans. AFSP also provided testimony before the Senate that would free up another \$8 million in funds for suicide prevention efforts within the Department of Defense.

AFSP partners with former Congressmen Patrick Kennedy (D-RI) and Jim Ramstad (R-MN) on mental health parity field hearings. AFSP chapters in Washington, D.C., Chicago and Los Angeles joined forces with the Parity Implementation Coalition to highlight the need for full implementation of health insurance parity for persons with mental illness.

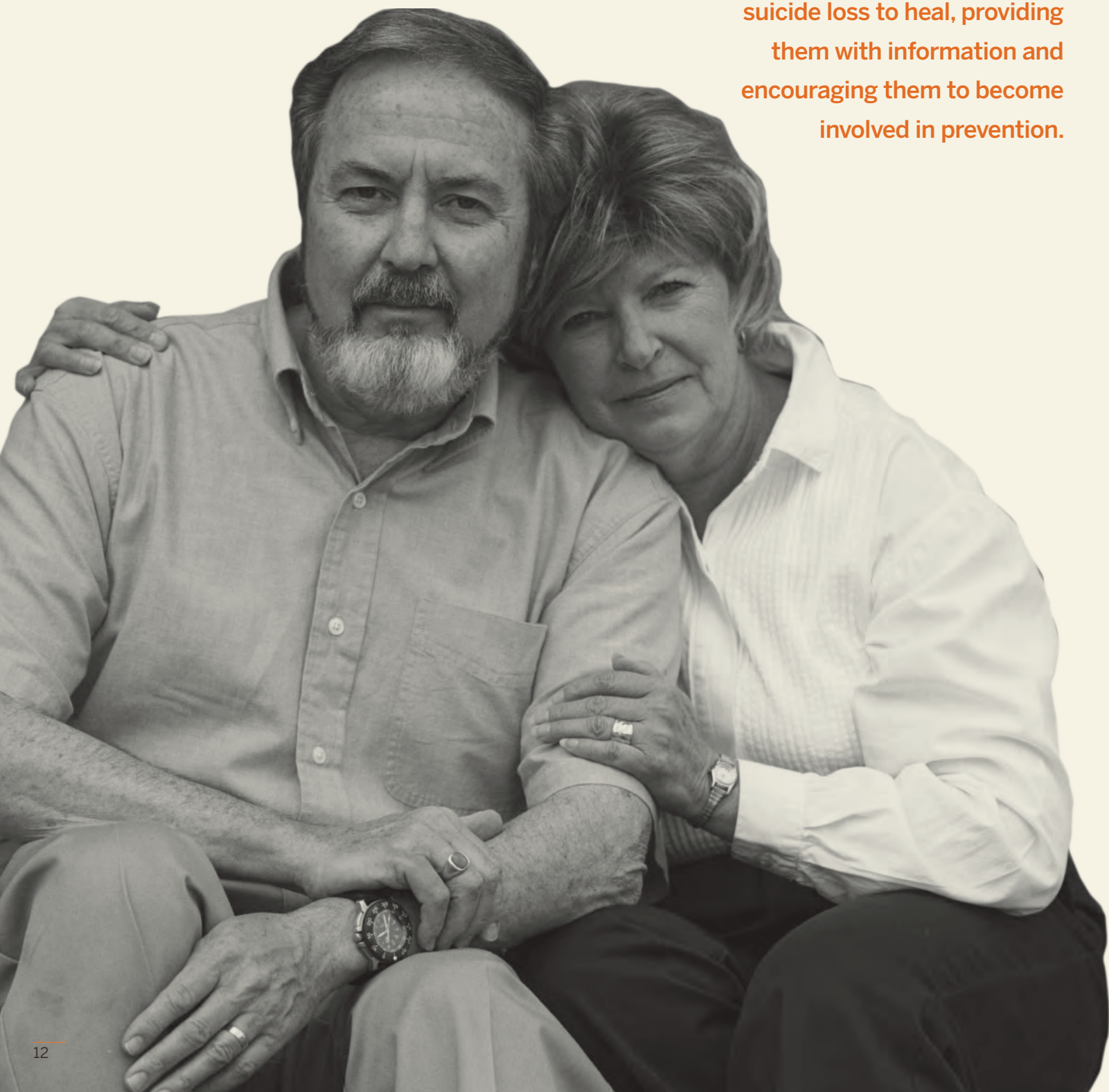
The Field Advocate Program continues to grow, operating in all fifty states and in two-thirds of all Congressional districts. Over 500 Field Advocates helped educate public officials and their staff about policies affecting suicide prevention, put a “real face” on the battle to reduce stigma, and encouraged advocacy participation by others in their communities.

Advocates from 34 states made nearly 300 visits to House and Senate offices as part of AFSP’s third annual Advocacy Forum. Participants shared their personal stories and educated members of Congress and their staff about suicide prevention and AFSP’s federal policy priorities—including increased funding for suicide prevention research through the National Institute of Mental Health and expansion of the National Violent Death Reporting System to all 50 states to improve the information collected on suicide deaths.

Volunteer advocates are the driving force behind the nation’s growing awareness that suicide is a preventable public health problem.

SURVIVOR INITIATIVES

Based on the latest available data, over 38,000 people in the U.S. die each year by suicide, leaving behind family members, friends, classmates and co-workers to cope with this tragic loss of life. AFSP helps survivors of suicide loss to heal, providing them with information and encouraging them to become involved in prevention.



Fourteenth annual International Survivors of Suicide Day once again takes place on six continents.

Tens of thousands of survivors joined together in 300 cities in countries as diverse as Australia, Germany, Hong Kong and Guatemala for support, healing and information. The program, featuring a panel of experienced survivors and mental health professionals, was shown at local healing conferences and webcast in English, Spanish and French. An online discussion forum was made available afterwards.

AFSP's facilitator training program was presented overseas for the first time.

This program helps survivors learn the "how-to's" of creating and facilitating survivor support groups for adults. In addition to the first-ever international training in Northern Ireland, trainings were also offered this year in Orlando, Salt Lake City, Madison and Ankeny, and were attended by hundreds of survivors and mental health professionals from across the country. AFSP has teamed with the Dougy Center for Grieving Children and Families, and offers a separate training program for facilitating child

and teen survivor support groups. It teaches organizers about the unique needs of grieving children aged 5-18, and helps them develop the necessary facilitation skills. In 2012 we offered this program in Cleveland and Austin.

Survivor Outreach Program provides home visits for the newly bereaved.

Trained volunteers from AFSP chapters are available upon request to visit with newly-bereaved survivors to listen, support them and provide information about resources for healing. The program is currently available in 34 AFSP chapters nationwide, with over 300 volunteers across the country.

AFSP has distributed over 3,000 Resource and Healing Guides to bereaved survivors.

This 28-page guide contains practical, detailed information on coping with a suicide loss, including professional articles, an extensive resource list and other online resources. In addition, AFSP has furnished over 6,000 survivors with "Surviving After Suicide," a brochure with clear, basic information on coping and survivor support.

AFSP Survivor e-Network provides instant communication to the survivor community.

Over 50,000 survivors are learning about new resources in the field and playing a vital role in mobilizing support for research and education. As a tool for communication and action, the e-Network addresses topics of interest to survivors and empowers those who wish to become advocates for suicide prevention.

AFSP and the Suicide Prevention Resource Center continue to offer an online resource for schools in the aftermath of a suicide.

"After a Suicide: A Toolkit for Schools," is highly-practical and usable by schools facing real-time crises. Specific areas addressed include crisis response, helping students cope, working with the community, memorialization, social media and suicide contagion. It is currently available online for download.

More than 80% of us will lose someone to suicide in our lifetime.

RESOURCE DEVELOPMENT

AFSP is a 501(c)(3) tax-exempt, not-for-profit organization. Our mission is made possible by generous contributions from individuals, corporations and foundations.

GIVING IN MANY WAYS

Andrew R. Rogoff, Esq.



Andy Rogoff has been involved with AFSP for many years, serving as an officer of the AFSP national board of directors for over a decade. Andy financially supports AFSP in many ways: he participates each year in AFSP's Out of the Darkness Overnight walk and his local community walk, and he and his wife, Amy, make a personal leadership gift to support our work. In addition, his firm has consistently contributed to AFSP's annual Lifesavers Dinner. Andy is a great example of someone who is passionate about AFSP's mission.

GIVING OVER THE YEARS

Sonia Felixson



Sonia Felixson is AFSP's longest consecutive year donor. She has been giving for 24 years since losing her son, Kenneth, to suicide in 1989. Her son would have been 50 years old this year. Sonia lives in South Carolina and participates in the Charleston Out of the Darkness Community Walk annually. She wears a butterfly pin every day in memory of her son because, "now he is free." Her commitment and support of AFSP is truly inspiring. Sonia's son remains in her heart every day, and with her we will continue to fight for a world without suicide.

PHILANTHROPIC INVESTMENT

Johnson Family Foundation



Since 2009, the **Johnson Family Foundation** has supported AFSP's efforts to better understand and reduce suicidal behavior and suicide risk among lesbian, gay, bisexual and transgender people. With JFF's support, AFSP published a review article on LGBT suicide risk, worked with LGBT organizations to develop guidelines for safe and effective messaging about LGBT bullying and suicide, and played a leadership role to have LGBT people recognized as a group with increased suicide risk in the revised National Strategy for Suicide Prevention. AFSP is deeply grateful to JFF Executive Director Andrew Lane, for not just funding and championing our LGBT work, but also being an active partner with us in carrying it out.



SUPPORTING RESEARCH TO END SUICIDE

Dan and RoseMary Fuss became involved with AFSP in 2007 after losing their son, Tommy, to suicide a few months earlier. The Fuss family started their involvement by walking in AFSP's annual Out of the Darkness Overnight. At first their team consisted of four participants, but over six years it has grown considerably and includes many of Tommy's friends. Since starting to walk in the Overnight, the Tommy Fuss Team has grown to more than 90 walkers, who have walked 1,600 miles and have raised over \$200,000 for suicide prevention.

Dan and RoseMary's generous support of AFSP does not stop there. This year, they have decided to further their leadership by making a major gift to the Foundation to sponsor a two-year AFSP research study. "We are excited about what we are going to learn and to collaborate with AFSP," said RoseMary Fuss.

At AFSP, we have a committee of extremely knowledgeable experts who vet research grant proposals and decide on which ones will make the biggest difference in achieving AFSP's mission to understand and prevent suicide. Because of this process, donors who would like to fund research can feel reassured that their donation is being used to support high priority, innovative studies into the causes of suicide and into interventions and treatments to prevent it.

Dan and RoseMary had the choice of over 20 vetted grants that were seeking funding from AFSP. They decided on the grant they were most excited about and aligned best with their interests as donors. You can do the same.

To find out more about funding a research grant, please contact AFSP's Director of Individual Giving at (212) 363.3500 Ext. 2020, or by email at development@afsp.org.

“ Research into suicide is critical because what we do must be grounded in what we know about why people die by suicide. ”

Robert Gebbia
Executive Director of AFSP

LIFESAVERS DINNER

24TH ANNUAL GALA FOR SUICIDE PREVENTION

AFSP Honors Gen. Peter Chiarelli, Mariel Hemingway, 'Today's' Natalie Morales, Dr. Gustavo Turecki

A renewed sense of optimism filled the Museum of Modern Art in New York City on May 17, as AFSP's Lifesavers Dinner raised close to \$450,000 for suicide prevention research, education and advocacy.

The dinner was chaired by **Dr. Marco Taglietti**, president of the Forest Research Institute of Forest Laboratories Inc. Food Network star **Melissa d'Arabian** served as the evening's host.

"I was 20 when my mom died by suicide, and that event shook the very foundation of my life," Melissa said. "I'm here to honor those we have lost and those left behind, and to raise the volume on a national conversation about suicide prevention that I think needs to happen."

Melissa and over 250 guests were on hand to honor **Peter Chiarelli**, a retired Army general who has become a powerful voice for suicide prevention; **Mariel Hemingway** and **Natalie Morales**, two public figures who helped bring national attention to the problem of suicide while decreasing the stigma surrounding mental illness; and **Dr. Gustavo Turecki**, a researcher who has contributed to the understanding of brain genetics and their association to suicide.



Dinner Chair Dr. Marco Taglietti (left) presents the Research Award to Dr. Gustavo Turecki



Natalie Morales (right) receives the Public Education Award from Linda Peterson, who lost her son, Jeret, who was Natalie's friend, to suicide

"I'M HERE TO HONOR THOSE WE HAVE LOST AND THOSE LEFT BEHIND, AND TO RAISE THE VOLUME ON A NATIONAL CONVERSATION ABOUT SUICIDE PREVENTION THAT I THINK NEEDS TO HAPPEN."

—MELISSA D'ARABIAN



Humanitarian Award recipient Gen. Peter Chiarelli and AFSP Board Chair David Norton



Host Melissa d'Arabian

ALLIES IN ACTION

AFSP HONORS ITS ALLIES IN ACTION AT WASHINGTON EVENT

On February 9, AFSP held its Allies in Action Awards ceremony at the U.S. Capitol. The event brought together mental health professionals, congressional leaders and staff, corporations, advocacy groups and others to recognize individuals for their dedication and leadership efforts in suicide prevention.

Pamela Hyde, administrator for the Substance Abuse and Mental Health Services Administration, was honored for her tireless efforts to champion programs in mental health care and treatment of substance use disorders; **Rep. Rush Holt** (D-NJ) was recognized for securing \$40 million in the 2012 federal budget that will support suicide prevention efforts within the military; **Rep. Paul Tonko** (D-NY) was applauded for helping to expand mental health care for both our nation's youth and for those military service members and veterans who are in treatment; and NBC4 Washington, D.C., reporter **Melissa Mollett** accepted an award on behalf of the news channel, whose Health and Fitness Expo of nearly twenty years includes mental health awareness and suicide prevention programs.

AFSP Honors SAMHSA Head Pamela Hyde, Congressmen Rush Holt and Paul Tonko, NBC4 Washington's Melissa Mollett



Public Service Award recipient Congressman Rush Holt



National Leadership Award recipient Pamela Hyde, AFSP Public Policy Council Chair Nancy Farrell and AFSP Senior Director of Public Policy John Madigan

“WHEN I WAS IN NEW YORK FOR THE PASSAGE OF TIMOTHY’S LAW FOR MENTAL HEALTH PARITY, THERE WERE NO MORE RESILIENT AND STRONGER STEWARDS OF FAIRNESS AND JUSTICE THAN THE MENTAL HEALTH ADVOCATES.”

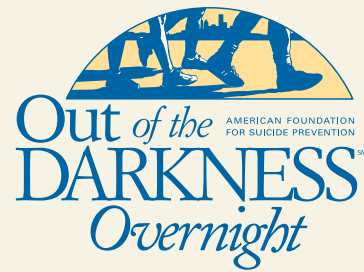
—REP. PAUL TONKO



AFSP Executive Director Robert Gebbia, Media Award recipient Melissa Mollett and AFSP-National Capital Area Chapter Chair Steve Iselin



Public Service Award recipient Congressman Paul Tonko



Annual Overnight Walk Brings National Attention to Suicide

On June 9, nearly 2,000 people—survivors of suicide loss, those with depression and other mental illnesses and suicide prevention advocates—joined together in San Francisco for AFSP's 2012 Out of the Darkness Overnight walk.

Along with family, friends and hundreds of volunteers from across the country, participants walked 18 miles through the night to create awareness and raise funds to support AFSP's research and education programs to prevent suicide, increase advocacy and assist survivors of suicide loss. The 2012 Overnight raised over \$2 million for the cause.

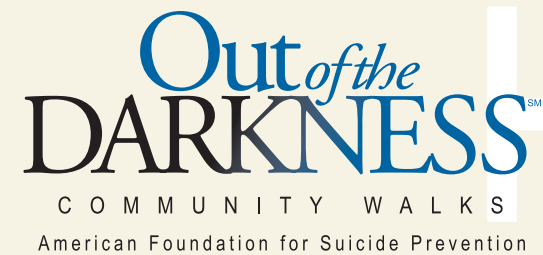
"I have lost my mother, my aunt and two friends to suicide," said Samantha Fahy, 44, of New York City. "I have met so many amazing people and heard heartbreaking stories during the last four Overnight walks and for the first time in my life, I do not feel so alone about what I have gone through."

"I am walking with Josh's younger sister, Britney, as team 'For Love of Josh.'" said Crystal Klier-Hoffman, 65, of Fargo, N.D. "I am walking to open the eyes and minds of people who still think suicide cannot happen to them. I am walking to carry Josh's light out of the darkness."

Media coverage of the event helped spread information about suicide prevention and mental illness to the general public. Above all, the Overnight offered participants a unique and powerful experience where they were able to connect to a community dedicated to the cause of suicide prevention.

AFSP would like to express its appreciation to the walkers, volunteers and crew, and to their family and friends who came out in support of them.

For information about the 2013 Overnight, go to TheOvernight.org.



Community Walks Nationwide Raise Needed Funds and Awareness

This year, AFSP's signature fundraising event drew more than 100,000 participants to 275 walks and raised \$8 million for local and national suicide prevention programs. The funds will be used to support suicide prevention research, local prevention and educational programs, advocacy and survivor of suicide loss programs in walk communities.

Since 2004, the first year for these walks, these events have grown from 25 walks with 4,000 participants to today's significant walk campaign to raise awareness and funds for the cause.

With over 50 new walks this year, the number of community walks continues to grow, thanks to the dedication of participants, volunteers, staff and donors nationwide.

"Suicide takes an enormous toll on families, friends and neighbors, leaving communities across the country devastated by this national health problem," AFSP Executive Director Robert Gebbia said. "The Out of the Darkness Community Walks unite thousands of people with common goals, preventing suicide and ending the stigma that surrounds depression and other mental disorders."

Many event participants walk because they, a friend or family member, suffer from a mental disorder that puts them at risk for suicide, or they have lost someone to suicide. Community walks are organized by dedicated local volunteers and average three miles in length. While there is no minimum fundraising requirement for these walks, participants are encouraged to raise at least \$150 for the cause.

For more information about the Out of the Darkness Community Walks, go to OutOfTheDarkness.org.



LEADERSHIP

AFSP's growth and accomplishments in 2012 are a result of the individuals who play leading roles in the Foundation's work—the esteemed scientists, dedicated survivors of suicide loss, people with mental disorders and their families, and the expansive network of business and community leaders. This year, there were over 3,500 volunteer leaders involved with AFSP.

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RESEARCH GRANTS

AFSP Research Grants are designed to support research on suicide from a variety of disciplines, including psychiatry, medicine, psychology, genetics, epidemiology, neurobiology, sociology, nursing and many others. Grants are awarded in six categories:

Distinguished Investigator Grants for up to \$100,000 over two years are awarded to investigators at the level of Associate Professor or higher with an established record of research and publication on suicide.

Standard Research Grants for up to \$75,000 over two years are awarded to individual investigators at any level.

Linked Standard Research Grants for three or more sites of up to \$225,000 over two years are awarded to investigators at any level.

Young Investigator Grants for up to \$85,000 over two years are awarded to investigators at the level of Assistant Professor or lower. In addition to a maximum of \$75,000 for the investigator's research, these grants provide an additional \$10,000 (\$5,000 per year) for an established suicide researcher who will mentor the Young Investigator.

Postdoctoral Research Fellowships for up to \$100,000 over two years are awarded to investigators who have received a Ph.D., M.D., or other doctoral degree within the preceding six years and have not had more than three years of fellowship support. Fellows receive a progressive stipend of \$42,000 in the first year and \$46,000 in the second, with an institutional allowance of \$6,000 per year.

Pilot Grants of up to \$30,000 over one or two years are awarded to investigators at any level. These grants provide seed money for new projects that have the potential to lead to subsequent larger investigations.

Specific policies regarding each of these grants and application forms can be obtained from AFSP at:

ONLINE: www.afsp.org/grants

EMAIL: grants@afsp.org

PHONE: (212) 363.3500 Ext. 2015

FAX: (212) 363.6237

MAIL: 120 Wall Street, 29th Floor
New York, NY 10005

During 2012, the AFSP Research Grants Committee recommended and the AFSP Board approved the following 20 new projects for funding.

Standard Research Grants

Lisa Barry, Ph.D., M.P.H.
University of Connecticut Health Center
Suicidal Ideation in Older Prisoners: The Role of Functional Disability
\$75,000

Suicide is the leading cause of death in prisoners. Since trends show that suicide rates increase with age and the fastest-growing prison population is prisoners 50 and older, there is a risk of an increasing suicide rate in our prisons. Among the elderly, disability in acts of daily living (ADLs) like bathing and dressing is associated with suicidal ideation above and beyond other known risk factors such as a previous suicide attempt or depression. In prison, in addition to the typical ADLs prisoners engage in prison specific ADLs (PADLs) like being able to drop to the floor, walk to meals, hear instructions and get up on a bunk bed. Dr. Barry will administer interviews and questionnaires to 190 prisoners in 3 Connecticut prisons in order to examine the role of PADLs along with typical ADLs and known risk factors for suicidal ideation and behavior such as psychiatric and medical illness, depression, social support, history of alcohol or drug use problems, sentence and type of offense. If PADLs are contributing to suicidal ideation then there may be easy remedies that can be put in place to help reduce suicidal ideation.

Michael Bauer, M.D., Ph.D.

University Hospital Carl Gustav Carus, Technische Universität Dresden
Placebo-Controlled Trial of Lithium + TAU for Acute Suicidal Ideation and/or Behavior in Patients with Major Depression
\$75,000

There is convincing evidence that long-term lithium treatment has anti-suicidal effects in patients with mood disorder. It is an inexpensive medication that is widely available and underutilized. Dr. Bauer will evaluate the day-to-day effects of lithium in people hospitalized for depression

and suicidal ideation or attempts. All participants will receive usual inpatient treatment and either lithium or placebo for 5-weeks. Participants will provide daily assessments of their suicidal ideation and behavior along with regular assessments of depression and impulsiveness. This study examines the short-term effect of lithium and whether any identified changes in suicidal ideation and behavior are associated with reduction of impulsiveness, depression or both.

Christopher Buckingham, Ph.D.

Aston University, UK
Improving Clinical Evaluations of Suicide Risk and their Relationship to Care Planning
\$72,818

Mental health clinicians are often in the position of having to assess risk for suicidal behavior and yet we know little about how they make these judgments. By learning about what factors contribute to clinical risk assessments and the accuracy of these assessments, clinical education, assessment and management may be improved. Dr. Buckingham will use a unique database from the United Kingdom called the Galatean Risk and Safety Tool (GriST, www.egrist.org) to statistically examine the clinical judgments related to 30,000 detailed risk profiles that include clinical and general information. He will analyze the assessments in relation to information regarding later Serious Untoward Incidents (SUI) that involve suicide and suicidal behavior. They will compare assessments of people with SUI with people who did not carry out any suicidal behavior. This is a unique opportunity to learn about how to better assess suicide risk.

Cristina Cusin, M.D.

Massachusetts General Hospital
Randomized, Double-Blind Ketamine Augmentation in Chronically Suicidal, Treatment-Resistant Major Depression (TRD)
\$74,767

A novel approach to the treatment of acute suicide risk has involved the use of ketamine, an anesthetic that seems to have an immediate impact on reducing depression and suicidal ideation. The proposed study involves three phases to examine an innovative administration method that may prolong the positive effects of ketamine: phase (1) 2-week, prospective open-label continuation of current medications; phase (2) 3-week, double-blind, randomized treatment with IV ketamine or placebo for a total of 6 infusions in a controlled setting under the supervision of an experienced anesthesiologist; phase (3) prospective follow-up for 3 months with visits every two weeks. If the augmentation with intravenous ketamine is safe, effective, and well-tolerated, it can become a novel therapeutic tool in the

outpatient or inpatient setting to help those patients who are affected by severe TRD and suicidal ideation.

Thomas Franke, M.D., Ph.D.

New York University School of Medicine
Modeling 5-HT1A Receptor Transduction Pathways in Suicide
\$75,000

Chronic stress has been found to affect the biochemistry of the brain. Some of these types of changes are in the serotonin system and have been identified in postmortem brain studies of depressed individuals who have died by suicide. Akt is one such serotonin related brain chemical. Dr. Franke will use his grant to try to recreate, in genetically modified mice, the brain changes in the Akt protein that have been found in post-mortem studies of depressed suicide victims. He will use a behavioral model of depression in mice that is based on a chronic stress model. He will test the importance and relevance of brain and behavioral changes to depression and suicide as well as to resilience and resistance when confronted with chronic stress.

Yan Leykin, Ph.D.

University of California, San Francisco
Multilingual Assessment of Suicidal Ideation and Behavior on the Internet
\$75,000

Mood disorders, such as major depression, are the most common precursor of suicide attempts and suicide. Depressed individuals often go online to find information about their disorder, as well as to find help for their symptoms. Many choose to turn to the Internet instead of connecting to trained professionals, for reasons that may range from lack of access to standard treatment to unwillingness to engage with providers because of stigma or other sociocultural factors. Given that many individuals who attempt or seriously contemplate suicide are never seen by qualified mental health professionals, it is imperative to study their needs and experiences in the medium of their choice—the Internet. Dr. Leykin will recruit 1400 English-, Spanish-, Chinese-, and Russian-speaking participants worldwide. Participants will complete a depression screening instrument and receive feedback on their results in their language. All participants will be invited to participate in a follow-up study. Participants consenting to the follow-up study will complete a more extensive survey, which will include the Suicidal Behaviors Questionnaire, a comprehensive questionnaire on suicidal ideation and behavior, and will be offered personalized feedback based on their responses. Individuals exhibiting suicidal ideation will be directed to resources in their

language. Results of the study will help in the creation of targeted outreach and psychoeducation programs that encourage individuals to seek care.

Robert Penfold, Ph.D.

Group Health Cooperative
Suicide Onset Following
Antidepressant Initiation
\$74,944

There is conflicting evidence concerning the effects of antidepressant medications on the risk of suicide attempts. It is unknown whether antidepressant treatment exacerbates suicidal ideation or behavior in people previously reporting those thoughts or whether individuals with no history of suicidal ideation spontaneously develop these thoughts after exposure to antidepressants. Dr. Penfold's study population will include approximately 148,000 individuals undergoing depression treatment at Group Health Cooperative between July 2006 and June 2012 for whom baseline (pre-treatment) and follow-up Patient Health Questionnaire (PHQ-9) scores. The goal is to examine the risk for new or increased suicidal ideation and suicide attempts associated with antidepressant treatment among individuals 13–84 years old. He will be able to compare those who just began antidepressant treatment with individuals in ongoing treatment for depression. He will also compare the risk of increased suicidal ideation and attempts in individuals who (1) use antidepressants only, (2) attend psychotherapy only, and (3) use both psychotherapy and antidepressant medications together. A unique aspect of the study is the application of sophisticated statistical techniques (Marginal Structural Models) to routinely collected patient medical record data.

Shireen Rizvi, Ph.D.

Rutgers University
Feasibility and Efficacy of
a DBT Skills "App" for Suicidal
Individuals with BPD
\$72,040

Borderline Personality Disorder (BPD) is characterized by problems with emotional regulation and behavioral control frequently exhibited in the form of suicidal behaviors. Dialectical Behavior Therapy (DBT) is an effective treatment for BPD with co-occurring suicidal behaviors. The "DBT Coach" is a mobile technology application (app) that has been created to provide immediate, interactive coaching in DBT skills to individuals when they most need it via smartphone. Dr. Rizvi is conducting a clinic-based study of the use of DBT Coach when integrated into a six-month standard outpatient DBT program for 15 individuals with BPD and chronic suicidal ideation and behavior. She is evaluating the

safety, acceptability and clinical outcomes of DBT Coach. Participants will be assessed at baseline, mid-treatment, post-treatment and three month follow-up. She hypothesizes that individuals will report a decrease in distress and suicidal urges as a result of in vivo skills coaching by the DBT Coach and that the frequency of use will be related to change in suicidal behaviors, non-suicidal self-injurious behaviors, suicide ideation, urges to self-harm, depression, psychological distress and treatment satisfaction. She suggests that the addition of the DBT Coach will have a positive effect on treatment by increasing the use of skills taught during the individual and group therapies.

Louisa Sylvia, Ph.D.

Massachusetts General Hospital
Brief Sleep Intervention for
Suicide in Bipolar Disorder
\$75,000

It is estimated that between 25–65% of individuals with bipolar disorder (BD) attempt suicide and 4–19% of individuals with BD eventually die by suicide. Sleep disturbance has been identified as a primary indicator and causal symptom of mood episodes and recently has been found to be associated with higher rates of suicidal ideation and behavior. Dr. Sylvia will use an innovative home sleep monitoring device called the Embla, a non-invasive device that can characterize sleep profiles, to examine the association of sleep and suicidal ideation and behavior in adult outpatients with BD. Fifty-five patients who have experienced suicidal ideation or recent attempt and sleep disturbance will participate in this one month treatment. Participants wear the Embla device for Week 1, participate in a brief sleep intervention for suicide during Weeks 2 and 3, and then wear the Embla device for one more week (Week 4). This intervention consists of two, 60-minute sessions and utilizes a manualized form of cognitive-behavioral therapy to improve sleep disturbance. Patients will continue treatment as usual with minimum medication changes during the study. Dr. Sylvia hypothesizes that from pre- to post-intervention, individuals will report less sleep disturbance as well as decreased suicidal ideation and behaviors. If effective, the treatment will ultimately be available for clinical use.

Young Investigator Grants

Michael Armev, Ph.D.

(Mentor: Ivan Miller, Ph.D.)
Butler Hospital
The Electronic Intervention for
Suicidality (EIS): A Novel
Adjunctive Treatment for
Suicide Risk
\$84,027

Imagine an individualized approach to suicidal ideation where a person who is struggling can use the internet and a smartphone to help him or her through a difficult moment. Dr. Armev is working to develop an acceptable and feasible add-on to interventions for suicidal ideation using a combination of Internet-based interactive educational modules and adaptive, smartphone-delivered, interventions. His study is aimed at refining the Electronic Intervention for Suicidality (EIS) treatment manual, software, and website. Treatment development involves a two-wave assessment of the intervention program. A small sample of adults who recently attempted suicide will participate after their discharge from the hospital. They will use the interactive internet modules and smartphone interventions and provide feedback to the researcher regarding suicidal ideation, urges and hospitalization. Feasibility and acceptability of the interventions will be assessed and the program will be improved as a result of this process. Electronic aids may provide a suitable approach to engaging and helping people who have suicidal ideation and a history of suicide attempt.

Jaimie L. Gradus, D.Sc., M.P.H. (Mentor: Matthew Miller, M.D., M.P.H., D.Sc.)

Boston VA Research Institute
Posttraumatic Stress Disorder
and Suicide among Massachusetts Veterans
\$83,911

The rate of suicide among military veterans has been found to be higher than the rate of suicide in the general population. Post-traumatic stress disorder (PTSD) has been found to be associated with suicide and nonfatal suicidal acts by some researchers but not others, depending on their methodology. Dr. Gradus will use available data from the VA system in Massachusetts from 2000–2007. Data from approximately 18,000 veterans with PTSD and 90,000 without PTSD are available to examine the association between suicide and nonfatal suicidal acts with PTSD. She hypothesizes that: (1) the rate of suicidal behavior (suicide attempts and suicide) among Veterans diagnosed with PTSD will be higher than the rate of suicidal behavior among VA hospital patients without PTSD and (2) the rate of suicidal behavior among Veterans with PTSD and depression will be greater than for those with either a PTSD or depression diagnosis alone. She will be able to examine the role of demographic characteristics, psychiatric diagnosis and treatment which may help to clarify the relationship between PTSD and suicidal behavior in veterans who are treated in the VA hospital in Massachusetts.

Jennifer L. Hughes, Ph.D. (Mentor: Joan R. Asamow, Ph.D.)

University of California,
Los Angeles
Self Harm & Suicide Attempt Risk:
Evaluation of an Intervention for
Youths with Self-Harm Behavior
\$85,000

Clinicians need to know more about the links between non-suicidal self-injury (NSSI) and suicidal behavior and to have effective interventions for addressing NSSI in adolescents. Dr. Hughes will adapt an intervention for adolescent suicide attempters called the Safe Alternatives for Teens and Youth (SAFETY) specifically for youths presenting with NSSI. Next she will test the adapted SAFETY intervention by randomly assigning 30 treatment-seeking youth with significant self-harm behavior to Enhanced Treatment As Usual (Enhanced TAU) vs. SAFETY. Youth and families in the SAFETY group will receive weekly intervention sessions for 3-months. The SAFETY intervention aims to reduce suicide attempt risk by targeting individual and environmental risk and protective factors using a cognitive behavioral approach. Youth and families in the Enhanced TAU group will receive one intervention session targeted at enhancing safety, reducing self-harm and suicide risk and highlighting the importance of outpatient treatment to address NSSI and any psychiatric symptoms. They will also receive monthly check-ins to encourage linkage to community care. Outcomes will be assessed at 3- and 6-months. She predicts that the SAFETY intervention will be feasible, tolerable, acceptable and safe. In addition, she predicts that rate of repeat NSSI will be lower in the SAFETY group compared to the Enhanced TAU group at the 3-month assessment.

Anthony Ruocco, Ph.D. (Mentor: Paul Links, M.D.)

University of Toronto
Scarborough
Optical Brain Imaging Predictors of
Treatment Response to
Dialectical Behaviour Therapy for
Non-Suicidal Self-Injury in
Borderline Personality Disorder
\$85,000

The reduction of non-suicidal self-injury (NSSI) is a key target of Dialectical Behavior Therapy (DBT) for patients with borderline personality disorder (BPD). The identification of biological indicators of treatment response for NSSI in BPD is an important unmet need which has significant ramifications for optimizing treatments to reduce NSSI among these patients. Impulsivity has been identified as an essential feature of BPD which places patients at an increased risk for NSSI and suicide completion. Neuroimaging studies of impulse control, or response inhibition, implicate the ventrolateral

prefrontal cortex (VLPFC) in the brain as a critical behavioral control center for BPD patients, who show reduced activation of this region under conditions of response inhibition, that is, not acting when identifying a stimulus. Activation of the VLPFC may thus serve as a promising biological indicator of treatment-associated changes in NSSI for patients with BPD. Dr. Ruocco will evaluate activation of the VLPFC on tests of response inhibition as a possible predictor of treatment response in this high-risk group. Thirty-one outpatients with BPD and NSSI from the Centre for Addiction and Mental Health in Toronto, Canada will be evaluated prior to and after completing six months of DBT. Patients will complete tests of response inhibition (go/no-go and stop-signal tasks) while functional activation of the VLPFC is monitored using near-infrared spectroscopy. She will test if VLPFC activation is associated with NSSI outcome measures. This research has the potential to identify biological markers that could predict which BPD patients may be most responsive to a psychological treatment aimed at reducing NSSI.

Sally M. Weinstein, Ph.D. (Mentor: Mani Pavuluri, M.D., Ph.D.)

University of Illinois at Chicago
Identifying Risk Factors and
Intervention Methods to
Prevent Suicide in Pediatric
Bipolar Disorder
\$85,000

Pediatric bipolar disorder (PBD) is an illness characterized by episodic mood disturbance and psychosocial impairment and suicidal ideation and behavior at rates that exceed any other childhood disorders. Dr. Weinstein is developing a targeted suicide prevention intervention for this population. She will add 30 youth aged 7–13 and a focus on suicidal ideation and behavior to an ongoing, NIH-funded, randomized clinical trial examining the psychosocial treatment for PBD. The manualized psychotherapy for PBD is a one month long Child- and Family-Focused Cognitive Behavioral Therapy (CFF-CBT). She hypothesizes that (1) suicidal events will be associated with family function, child cognitive risk and affective vulnerability (rapid mood shifts); (2) youth receiving CFF-CBT will experience a moderate, but not complete, reduction in suicidal events that will be greater than those in the control group; (3) treatment-related changes will relate to reductions in suicidal events. Youth and parents will be assessed pre- and post-treatment and at 6-month follow-up, and data will be used to identify family, child, and affective risk factors associated with suicidal ideation and behavior. Findings will be used to develop a targeted suicidal-event reduction (SURE) intervention module designed to optimize suicide prevention in PBD.

Postdoctoral Fellowships

Megan Chesin, Ph.D. (Mentor: Beth Brodsky, Ph.D.)

Columbia University
Mindfulness-Based Cognitive
Therapy + Safety Planning for
Suicidal Behavior: A Treatment
Development Study
\$100,000

There are currently few evidence-based treatments for individuals with suicidal behavior. Barriers to mental health treatment, e.g. the stigma associated with engaging in psychotherapy and the costs of treatment, prevent a large proportion of suicidal individuals from receiving available, effective treatment. Dr. Chesin will use her postdoctoral fellowship to develop a treatment that adapts Mindfulness-Based Cognitive Therapy (MBCT) + Safety Planning Intervention (SPI) for individuals with recent suicidal behavior and current suicidal ideation. She will assess treatment feasibility, acceptability, safety and preliminary effectiveness. In Phase I, a manual combining MBCT+SPI will be developed after feedback from the targeted population and from one of the MBCT developers. In this phase, eight individuals will be enrolled and provided with the new adapted treatment. In Phase II, two pilot trials will be conducted with eight individuals in each trial. It is hypothesized that participants will show reductions in suicidal ideation, hopelessness, and depression over the course of treatment. An exploratory aim is to examine what components of the treatment are most effective. If this intervention is found to be effective, acceptable and feasible, a randomized controlled trial will be Dr. Chesin's next step towards preventing suicide.

Ursula Whiteside, Ph.D. (Mentor: Gregory Simon, M.D., M.P.H.)

Group Health Cooperative
Feasibility of an Online
Intervention for Population-
Based Suicide
\$98,804

The goal of this fellowship project is to develop online treatment modules for three of the active ingredients of Dialectical Behavior Therapy (DBT skills): Mindfulness, Opposite Action and Mindfulness of Current Emotion. Dr. Whiteside plans to use an online delivery model using emails because such an approach is suitable for the large numbers of at-risk patients identifiable in health care settings. Online delivery models are scalable and can be provided securely, inexpensively, and utilizing existing systems in health care. She will develop a brief online DBT skills intervention and will develop it, test it in patients, adapt it and retest it across the training period with 30 patients.

The intervention will supplement usual care among high-risk patients identified via PHQ depression scales collected at outpatient primary care and mental health visits. The intervention content will be drawn from research involving DBT skills interventions. The project will involve ongoing refinement of the interventions based on qualitative/formative feedback from patients and consultation with suicide intervention experts.

Pilot Research Grants

Sheila Crowell, Ph.D.

University of Utah
Familial Risk for Suicide and
Self-Injury: Testing Theories in
Multigenerational Pedigrees
\$30,000

Completed suicide is relatively infrequent, and because of this, the first recommendation in the Institute of Medicine's report on suicide was for the National Institutes of Health (NIH) to "develop and support a national network of suicide research Population Laboratories devoted to interdisciplinary research on suicide and suicide prevention across the life cycle." The University of Utah houses the Utah Population Database (UPDB), a unique database that contains linked, de-identified medical, census, birth/death, marriage/divorce, driver's license, and demographic records on over 7 million individuals dating from 1750 to the present. The goal of this pilot application is to lay the foundation for a sustained research program of population-level suicide research. Dr. Crowell's study has two primary aims: (1) to construct high risk pedigrees of families with multiple suicides and (2) to examine the relative risk for suicide and intentional, non-fatal self-injury within those family trees in comparison with families without suicidal behavior. She hypothesizes that rates of suicide and self-injury will be elevated within high-risk pedigrees relative to case-matched controls. The establishment of this database will provide a national resource that can be linked with other public databases for studying suicide and suicidal behavior.

Kelly Cukrowicz, Ph.D.

Texas Tech University
A Pilot Study of Suicide
Assessment in Rural Adults
\$30,000

Suicide in rural areas has not received significant attention in the research literature, though some studies indicate that suicide rates are higher among adults and older adults in rural areas than in urban areas. The aims of this study are, (1) to establish the feasibility of assessing suicide risk in rural communities with limited access to referral care; (2) to

determine a preliminary estimate of the prevalence of suicide ideation, self-injury, and history of suicide attempts in these rural communities; and (3) to examine the effectiveness and acceptability of safety and referral plans for individuals whose responses indicate elevated suicide risk. Participants will be adults aged 40 and older residing in Cochran or Parmer Counties in West Texas. This pilot study will provide necessary pilot data for a future study of risk factors associated with suicide ideation and suicidal behavior in rural locales.

Adriana Foster, M.D.

Medical College of Georgia,
Georgia Health Sciences
University
Medical Students' Suicide
Risk Assessment Proficiency
after Interacting with a Virtual
Patient in Crisis
\$29,969

It has been demonstrated that educating physicians to assess for suicidal ideation and behavior and treat accordingly has reduced suicidal behavior. Dr. Foster's randomized clinical trial seeks to demonstrate that virtual patients (VP) can be used to teach medical students to assess and treat people with suicidal ideation and behavior more effectively than watching a physician interview a patient. VPs are computerized web-based patients with whom medical students can interact by asking questions and eliciting answers. In this study the experimental group examines a VP named Denise who has bipolar disorder and soon makes a suicide attempt. The medical student uses virtual technology to interview the patient and subsequently interview the husband after she makes a suicide attempt. Throughout the process the student receives feedback and a transcript is available for review. The control group watches a film of a professional interviewing a standard patient about suicidal ideation, suicide attempts and family history of suicidal behavior. Finally, students from both groups fill out an online survey to provide information about their demographics and experience with mental illness. Later, the medical students interview a live patient and their skill is assessed. The two groups are compared, and the hypothesis is that those who had interactive experience with the VP will have better skills with real patients than those who watched an interview.

Katerina O. Sinclair, Ph.D., M.A.S.

University of Arizona
Person-Specific Modeling of
Suicidal Ideation in Sexual
Minority Youth
\$30,000

While many factors have been identified that are associated with suicidal ideation and behavior it is difficult to predict what factors are functioning to produce such behavior in a particular individual. The goal of Dr. Sinclair's study is to develop a method to predict changes in the severity of suicidal ideation and depression in an individual over time. She is particularly focused on sexual-minority youth and the application of Joiner's model of suicide. Her primary aim is to demonstrate that following individuals intensively over time will allow for the identification of factors that increase and decrease suicidal ideation and behavior. Using this novel approach she hypothesizes that: (1) individual models will predict changes in suicidal ideation more effectively than population models; (2) factors that affect suicidal ideation will be specific to each youth and their impact will change over time; (3) individual-models will successfully identify protective factors and interventions that reduce suicidal ideation over time in each youth. In order to test this, 3-5 youth who report high levels of suicidal ideation will be recruited from a larger, multisite, longitudinal study of suicidal ideation in LGBT youth. Each participant will complete a 120-day daily assessment using a battery of instruments that assess suicidal ideation and depression, stressful experiences, coping skills and treatment received. She will examine and compare the patterns identified for each youth to understand suicidal ideation and behavior.

Ongoing Grant Projects

(full abstracts for the following grants may be found by visiting www.afsp.org)

Distinguished Investigator Grants

Cynthia Bulik, Ph.D., F.A.E.D.

University North Carolina
Factors Associated with Suicide
in Youth and Adults with Eating
Disorders
\$98,406

Emil F. Coccaro, M.D.

University of Chicago
Diffusion Tensor Imaging
Studies of Suicidal Behavior
\$100,000

William Coryell, M.D.

University of Iowa
A Prospective Study of
Completed Suicide in a
Large Bipolar I Disorder
\$89,783

Guy Diamond, Ph.D.

Children's Hospital
of Philadelphia
Family Therapy for
Hospital Care
\$85,000

Mark Kaplan, M.P.H., Dr.P.H.

Portland State University
Suicide among Military
Veterans: Analysis of the
National Violent Death
Reporting System
\$85,000

Nadine Kaslow, Ph.D.

Emory University School
of Medicine
Culturally Competent
Family-Based Intervention
Versus Enhanced Usual Care in
the Community for Reducing
Psychological Distress and
Enhancing Functioning in
Suicidally Bereaved African
Americans
\$99,321

Gregory Luke Larkin, M.D., M.S., M.S.P.H.

Yale University School
of Medicine
Suicide Clusters across the
Globe: Geospatial Trends
from America, Ireland and
New Zealand
\$99,998

Mark Olsson, M.D., M.P.H.

Columbia University
Emergency Mental Health
Management Following
Deliberate Self-Harm
\$99,996

Gregory Ordway, Ph.D.

East Tennessee State University
Glutamatergic Signaling in the
Locus Coeruleus in Depression
and Suicide
\$85,000

Stephen Russell, Ph.D.

University of Arizona
Explaining the Sexual
Orientation Disparity in
Adolescent Suicide Risk
\$85,000

Paul Soloff, M.D.

University of Pittsburgh
An fMRI Study of Affect Arousal
and Cognitive Control in
Suicidal Subjects with
Borderline Personality Disorder
\$98,570

Barbara Stanley, Ph.D.

Columbia University
Safety Planning Intervention
for Suicidal Individuals who
Contact Crisis Centers
\$99,928

Gustavo Turecki, M.D., Ph.D.

Douglas Hospital Research
Institute, McGill University
Differential microRNA (µRNA)
Expression in the Prefrontal
Cortex of Suicides
\$99,500

Danuta Wasserman, M.D., Ph.D.
Karolinska Institute,
Stockholm, Sweden
Investigation of Inheritance
Patterns of Polymorphisms
in Genes Regulating the
Hypothalamic-Pituitary-Adrenal
(HPA Axis), in Relation to
Suicidal Behavior and its
Endophenotypes
\$100,000

Standard Research Grants

Amelia Arria, Ph.D.
University of Maryland
Identifying Early Intervention
Targets for College Students
at Risk for Suicide
\$63,750

Hilary P. Blumberg, M.D.
Yale University
The Neural Circuitry of
Suicidality in Adolescent
Depression
\$75,000

Cindy Claassen, Ph.D.
University of Rochester
Does the Nature of Treatment
Provided After a Suicide
Attempt Impact the Risk of
Repetition
\$63,750

Kenneth R. Conner, Psy.D.
University of Rochester
Medical Center
Meta-Analysis of Case-Control
Psychological Autopsy Studies
of Suicide
\$75,000

Yogesh Dwivedi, Ph.D.
University of Illinois at Chicago
MicroRNAs in Postmortem
Brain of Suicide Subjects
\$74,944

Annette Erlangsen, Ph.D.
Johns Hopkins University
The Consequences of
Bereavement by Suicide
\$75,000

Igor Galynker, M.D., Ph.D.
Beth Israel Medical Center
Predicting Suicidal Behavior:
Internal Consistency and
Predictive Validity of the
Suicide Trigger Scale
\$75,000

Todd Gould, M.D.
University of Maryland
Developing Preclinical Models
of Suicide Endophenotypes to
Delineate Lithium's Antisuicidal
Target
\$63,750

Richard A. Grucza, Ph.D., M.P.E.
Washington University
School of Medicine
Smoking and Suicide: Changes
in State Tobacco Policies as
Natural Experiments
\$74,655

Fabrice Jollant, M.D., Ph.D.
Douglas Mental Health Institute,
McGill University
A Functional Magnetic Imaging
Study (fMRI) in First-Degree
Relatives of Suicide Completers
\$73,680

Stephanie Kasen, Ph.D.
New York State Psychiatric
Institute
Transmission of Suicidal
Behavior in Three Generations
of the Same Families: A 30-Year
Community Study
\$63,750

Richard Neugebauer, M.D., Ph.D.
Columbia University
Suicidality among
Childbearing Women
\$63,750

Mani Pavuluri, M.D., Ph.D.
University of Illinois at Chicago
fMRI Study of Brain Circuitry
Underlying Impulsivity and
Affect Regulation in Suicidal
Patients with Adolescent
Bipolar Disorder
\$63,750

Teodor Postolache, M.D.
University of Maryland
School of Medicine
Number and Severity of Suicide
Attempts: Relationship with
Toxoplasma Gondii Antibodies
\$75,000

Zachary Rosenthal, Ph.D.
Duke University
Using a Laboratory Measure
of Emotion Regulation to
Characterize Suicide
Attempters
\$63,750

Richard Shelton, M.D.
University of Alabama
Paliperidone and Lithium
in the Treatment of Suicidality-
Treatment Indication and
Epigenetic Regulation
\$75,000

Katalin Szanto, M.D.
University of Pittsburgh Western
Psychiatric Institute
Fatal Decisions: Behavioral
Economic Study of Decision
Pathways to Suicidal Behavior
in the Second Half of Life
\$75,000

Janis Whitlock, Ph.D., M.P.H.
Cornell University
A Prospective Study of the
Relationship between
Non-Suicidal Self-Injury and
Suicidal Behavior in a College
Population
\$59,790

Liang Zhou, M.D., Ph.D.
Xiangya Medical School
Suicide Rates and
Misclassification of Suicides
in Hui, Tibetan and Han in
Qinghai Province of China
\$74,700

Young Investigator Grants

Emily B. Ansell, Ph.D.
(Mentor: Carlos M.
Grilo, Ph.D.)

Yale University School of
Medicine
Personality Disorders
and Suicidal Behaviors:
A Prospective Study of
Associations, Mediators
and Moderators
\$85,000

Marian Betz, M.D., M.P.H.
(Mentor: Matthew Miller,
M.D., M.P.H., Sc.D.)

University of Colorado, Denver
Lethal Means Restriction for
Suicide Prevention: Beliefs and
Behaviors of Emergency
Department Providers
\$85,000

Michelle Cornette, Ph.D.
(Mentor: Thomas Joiner, Ph.D.)

Medical College of Wisconsin
State-Dependent Impulsivity
as a Marker of Change in
Suicidality among Psychiatric
Inpatients: Self-Report,
Behavioral and Neurobiological
Indicators
\$70,000

Daniel P. Dickstein, M.D.
(Mentor: Anthony Spirito,
Ph.D.)

Brown University
Bio-Behavioral Markers of
Affect Regulation in Teen
Suicide Attempters versus
Non-Suicidal Self-Injurers
\$85,000

Carl Ernst, Ph.D.
(Mentor: Roy Perlis, M.D.)

Harvard University
Copy Number Variation
in Suicide
\$85,000

Jon T. Mandracchia, Ph.D.
(Mentor: Ronald R. Holden,
Ph.D.)

University of Southern
Mississippi
A Test of the Interpersonal-
Psychological Theory of
Suicide in Prison Inmates
\$85,000

Michael J. Minzenberg, M.D.
(Mentor: Cameron Carter, M.D.)

University of California
Dysfunction of Prefrontal
Cortex, Cognitive Control and
Suicide Risk in Schizophrenia
\$85,000

James W. Murrrough, M.D.
(Mentor: Dennis S. Chamey, M.D.)

Mount Sinai School of Medicine
Ketamine for Rapid Reduction
of Suicidal Ideation and Suicide
Risk in Hospitalized Patients
\$85,000

Srijan Sen, Ph.D., M.D.

(Mentor: Margit
Burmeister, Ph.D.)

University of Michigan
Investigation into the Role of
Genes and Stress in Depression
and Suicide among Medical
Interns
\$85,000

Ravi Singareddy, M.D.

(Mentor: David Brent, M.D.)
Pennsylvania State University
Objective Sleep and Suicide
in General Population Sample
of Youth
\$85,000

Alicia Smith, Ph.D.

(Mentor: Jeffrey Newport, M.D.)
Emory University
Genetic Variation in Glutamate
Receptor Subunits May
Contribute to Suicidal Ideation
Susceptibility in Pregnancy
\$72,250

Phillip Smith, Ph.D.

(Mentor: Jennifer
Langhinrichsen-Rohling, Ph.D.)
University of South Alabama
The Acquired Capability for
Suicide: A Mechanism
Underlying the Gender Disparity
in Suicide Rates
\$81,990

Monsheel Sodhi, Ph.D.

(Mentor: Joel Kleinman,
M.D., Ph.D.)
University of Alabama
The Impact of RNA Editing
on Suicide Risk
\$72,250

John Strauss, M.D., M.Sc.

(Mentor: Arturas Petronis,
M.D., Ph.D.)
Centre for Addiction and Mental
Health, Toronto, Canada
BDNF Promoter Methylation
and Suicidal Behavior in Bipolar
Disorder
\$85,000

Roger Webb, Ph.D., M.Sc., M.A.

(Mentor: Breben Mortensen,
M.D., Dr.Med.Sc.)
University of Manchester, UK
Suicide Risk and the Danish
Criminal Justice System: A
Nested Case-Control Study
\$72,250

Lauren Weinstock, Ph.D.

(Mentor: Ivan Miller, Ph.D.)

Brown University
An Adjunctive Intervention to
Reduce Suicide Risk in Patients
with Bipolar I Disorder
\$72,250

Holly C. Wilcox, Ph.D.

(Mentor: James Potash,
M.D., M.P.H.)

Johns Hopkins University
Childhood Trauma and Suicidal
Behaviors: the Role of the
Hypothalamic-Pituitary-Adrenal
Axis in Mediating Risk
\$85,000

Postdoctoral Research Fellowships

Richard Liu, M.A., Ph.D.

Candidate

(Mentor: Anthony Spirito, Ph.D.)

University of Illinois, Chicago
Life Stress and Affect
Regulation in Multiple and
First Time Adolescent Suicide
Attempters
\$100,000

Gilles Maussion, Ph.D.

(Mentor: Gustavo Turecki,
M.D., Ph.D.)

Douglas Mental Health Institute,
McGill University
Functional Analysis of
Differential DNA Methylation
in Frontal Cortex of Suicide
Completers
\$88,000

Doreen Olvet, Ph.D.

(Mentor: J. John Mann, M.D.)

Columbia University
White Matter Integrity and
Suicide Attempt History
\$100,000

Pilot Research Programs

Mingjun Jiang, Ph.D.

Sichuan University, West
China Medical School
Development of a Brief
Psychological Autopsy
Instrument to Improve the
Accuracy of Injury Death
Reporting in China
\$19,950

Christopher Recklitts,

Ph.D., M.P.H.

Dana-Farber Cancer Institute
Surviving Prostate Cancer but
Succumbing to Suicide: Do Poor
Health Outcomes explain the
Increased Risk?
\$30,000

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors American Foundation for Suicide Prevention New York, New York

We have audited the accompanying statements of financial position of American Foundation for Suicide Prevention (the "Foundation") as of June 30, 2012, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of American Foundation for Suicide Prevention as of June 30, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

New York, New York
December 6, 2012

Statements of Financial Position

Year Ended June 30, 2012

ASSETS

Current Assets:	
Cash (Note 2)	\$ 2,715,620
Unconditional promises to give and other receivables	178,085
Prepaid expenses and other	74,866
TOTAL CURRENT ASSETS	2,968,571
Equipment, at cost:	
Furniture, fixtures and computer equipment	351,076
Less accumulated depreciation	219,487
EQUIPMENT, AT COST LESS DEPRECIATION	131,589
Other Assets:	
Restricted investments (Notes 3 and 6)	1,053,842
Investments - board-designated (Notes 3 and 5)	1,446,663
Restricted certificate of deposit (Note 9)	68,107
Educational films	191,856
Security deposits	15,415
TOTAL OTHER ASSETS	2,775,883
TOTAL ASSETS	5,876,043

LIABILITIES AND NET ASSETS

Current Liabilities:	
Grants payable (Note 4)	\$ 1,176,465
Accounts payable and accrued expenses	609,411
TOTAL CURRENT LIABILITIES	1,785,876
Noncurrent Liabilities and Deferred Credits:	
Grants payable (Note 4)	203,474
Deferred rent credit (Note 9)	168,061
TOTAL LIABILITIES	2,157,411

COMMITMENTS (NOTES 4, 8 AND 9)

Net Assets:	
Unrestricted:	
General operating	1,197,571
Board-designated (Note 5)	1,446,663
	2,644,234
Temporarily restricted (Note 6)	1,074,398
TOTAL NET ASSETS	3,718,632
TOTAL LIABILITIES AND NET ASSETS	\$ 5,876,043

See notes to financial statements.

Statement of Activities

Year Ended June 30, 2012

	Temporarily Unrestricted	Restricted	Total
Revenues, Gains and Other Support:			
Donations	\$ 1,402,441	\$ —	\$ 1,402,441
Lifesavers' dinner, net of related expenses of \$198,733	166,599	—	166,599
Out of Darkness walks, net of related expenses of \$1,997,267 (Note 10)	7,565,229	—	7,565,229
Other fund-raising events, net of related expenses of \$179,670	437,842	—	437,842
Other revenues	368,844	—	368,844
Investment income (Note 3)	67,873	19,764	87,637
Net assets released from restrictions	36,819	(36,819)	—
TOTAL REVENUES, GAINS AND OTHER SUPPORT	10,045,647	(17,055)	10,028,592
Expenses:			
Program services	7,593,004	—	7,593,004
Management and general	565,350	—	565,350
Fundraising	1,093,449	—	1,093,449
TOTAL EXPENSES	9,251,803	—	9,251,803
INCREASE (DECREASE) IN NET ASSETS	793,844	(17,055)	776,789
Net Assets at beginning	1,850,390	1,091,453	2,941,843
NET ASSETS AT END	\$ 2,644,234	\$ 1,074,398	\$ 3,718,632

See notes to financial statements.

Statement of Functional Expenses

Year Ended June 30, 2012

	PROGRAM SERVICES			SUPPORTING SERVICES		Total Program and Supporting Services
	Research	Prevention and Education	Survivors' Programs	Management and General	Fundraising	
Grants	\$ 1,212,099	\$ —	\$ —	\$ —	\$ —	\$ 1,212,099
Salaries	474,008	1,521,000	740,552	312,549	443,540	3,491,649
Payroll taxes	38,359	125,995	61,345	25,891	36,742	288,332
Employee health and retirement benefits	66,846	219,563	106,902	45,118	64,026	502,455
Research, educational and survivor conferences and programs	45,107	863,963	378,743	—	—	1,287,813
Out of Darkness programs	155,630	311,260	194,538	—	310,776	972,204
Office	92,942	305,126	148,561	62,700	152,203	761,532
Occupancy	50,421	165,612	80,634	34,032	48,294	378,993
Telephone	10,654	34,996	17,039	7,191	10,205	80,085
Computer expenses	18,697	61,413	29,901	12,620	17,909	140,540
Equipment rental and maintenance	4,335	14,240	6,933	2,926	4,152	32,586
Printing and mailing lists	—	2,276	1,448	14,653	414	18,791
Insurance	1,809	5,942	2,893	1,221	1,733	13,598
Professional fees	—	—	—	44,015	—	44,015
Depreciation	3,607	11,847	5,768	2,434	3,455	27,111
	<u>\$ 2,174,514</u>	<u>\$ 3,643,233</u>	<u>\$ 1,775,257</u>	<u>\$ 565,350</u>	<u>\$ 1,093,449</u>	<u>\$ 9,251,803</u>
Percentage to total program and supporting services	23.5%	39.4%	19.2%	6.1%	11.8%	100.0%

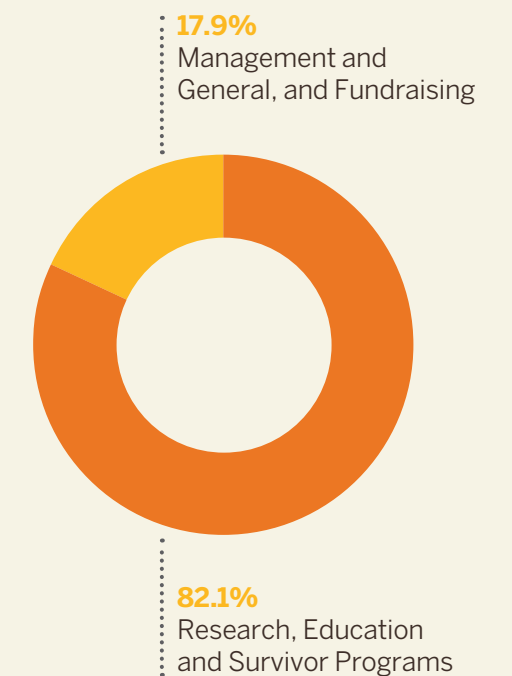
See notes to financial statements.

Statement of Cash Flows

Year Ended June 30, 2012

Cash Flows From Operating Activities:	
Increase in net assets	\$ 776,789
Adjustments to reconcile increase in net assets to net cash provided by operating activities:	
Depreciation and amortization	109,335
Unrealized gain on investments	(20,955)
Deferred rent credit	118,571
Changes in assets and liabilities:	
(Increase) in:	
Unconditional promises to give and other receivables	(37,135)
Prepaid expenses and other	(54,921)
(Decrease) in:	
Grants payable	(448,793)
Accounts payable and accrued expenses	171,003
NET CASH PROVIDED BY OPERATING ACTIVITIES	613,894
Cash Flows From Investing Activities:	
Purchase of property and equipment	(44,645)
Acquisition of investments	(140,991)
Proceeds from sale of investments	204,127
NET CASH PROVIDED BY INVESTING ACTIVITIES	18,491
NET INCREASE IN CASH	632,385
Cash:	
Beginning	2,083,235
Ending	\$ 2,715,620

See notes to financial statements.



Notes To Financial Statements

Note 1. Summary of Significant Accounting Principles

ORGANIZATION: American Foundation for Suicide Prevention (the "Foundation") is a not-for-profit organization incorporated under the laws of the State of Delaware. The Foundation was established in 1987 by concerned scientists, business and community leaders, and survivors of suicide in an effort to support the research and education needed to prevent suicide. The Foundation is dedicated to funding suicide prevention research, and to offering educational programs and conferences for survivors, mental health professionals, physicians, and the public.

BASIS OF PRESENTATION: The financial statements have been prepared on an accrual basis and include the accounts of the New York National Office and the Foundation's 53 unincorporated chapters, including the two inactive international chapters.

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Unrestricted Net Assets: Net assets that are not subject to donor-imposed restrictions.

Temporarily Restricted Net Assets: Net assets subject to donor-imposed restrictions that expire by the passage of time or by actions of the Foundation. They are classified as temporarily restricted net assets until those amounts are appropriated for expenditures in a manner consistent with the donor's wishes.

Permanently Restricted Net Assets: Net assets subject to donor-imposed restrictions that are to be permanently maintained by the Foundation.

CONTRIBUTIONS: All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions. However, if a restriction is fulfilled in the same time period in which the contribution is received, the Foundation reports the support as unrestricted.

Contributions of donated noncash assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, provided by individuals possessing those skills and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received. A number of unpaid volunteers have made a contribution of their time to develop the Foundation's programs. The value of this contributed time is not reflected in the statements.

PROMISES TO GIVE: Unconditional promises to give that are expected to be collected within one year are recorded at their net realizable value. At June 30, 2011, all promises to give were expected to be collected within one year.

DEPRECIATION: Depreciation of equipment is provided for by accelerated methods over the estimated useful lives of the related assets ranging from five to ten years. Contributions of donated equipments are recorded at their estimated fair value at the date of receipt.

INVESTMENTS: Equity securities with readily determinable fair values and all investments in debt securities are reported at fair value, as described in note 3, and unrealized gains and losses are included in the statements of activities. Realized gains and losses on investments are determined using the specific-identification method.

EDUCATIONAL FILMS: Educational Film production costs recorded as separate asset and amortized over the estimated use lives. Costs of \$411,069 relating to the development of two educational films have been deferred. Use of the films began in fiscal 2010, and are amortized over estimated useful lives of five years. Amortization expense in fiscal 2012 was \$82,224.

GRANTS PAYABLE: The Foundation recognizes a liability for grants when the grant is deemed to be unconditional and commitment has been made to the grantee.

DEFERRED RENT: Deferred rent credit results from the difference between rent expense being recorded on a straight-line basis over the lease term and rent payments made.

FUNCTIONAL EXPENSES: The Foundation allocates its expenses on a functional basis among its various programs and support services. Expenses that can be identified with a specific program and support services are allocated directly according to their natural expenditure classification. Other expenses that are common to several functions are allocated to each.

TAX EXEMPT STATUS: The Foundation qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and is a publicly supported organization as described in Section 509(a).

Management evaluated the Foundation's tax positions for all open tax years and has concluded that the Foundation had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. Generally, the Foundation is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before fiscal 2009, which is the standard statute of limitations look-back period.

USE OF ESTIMATES: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on management's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

RECENT ACCOUNTING PRONOUNCEMENTS: In May 2011, the Financial Accounting Standards Board (the "FASB") issued additional guidance expanding the disclosures for fair value measurements, particularly Level 3 inputs. For fair value measurements categorized in Level 3 of the fair value hierarchy, required disclosures include: (1) a quantitative disclosure of the unobservable inputs and assumptions used in the measurement, (2) a description of the valuation processes in place, and (3) a narrative description of the sensitivity of the fair value changes in unobservable inputs and interrelationships between those inputs. These disclosures will be required for the Foundation beginning in fiscal 2013. The Foundation does not expect this requirement to have a significant impact on the financial statements.

SUBSEQUENT EVENTS: The Foundation evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluations are performed through the date the financial statements are available to be issued, which was December 6, 2012 for these financial statements.

NOTE 2. Cash

The Foundation maintains cash in bank accounts which, at times, may exceed federally insured limits.

NOTE 3. Investments

The Fair Value Measurements Topic of the FASB ASC defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy.

The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments in Level 1 include listed equities and listed derivatives.

Level 2: Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly, and fair value that is determined through the use of models or other valuation methodologies. Investments in this category generally include certain corporate bonds and loans, less liquid and restricted equity securities and certain over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.

Level 3: Inputs that are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. Investments in this category generally include equity and debt positions in private companies.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Foundation's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the investment.

Financial instruments, measured at fair value on a recurring basis, consist of the following as of June 30, 2012:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	\$331,409	\$ -	\$ -	\$331,409
Mutual funds:				
Stock funds:				
Small-cap	163,758	-	-	163,758
Mid-cap	153,663	-	-	153,663
Large blend	912,383	-	-	912,383
Foreign large blend	1,946	-	-	1,946
Total stock funds	1,231,750	-	-	1,231,750
Bond funds:				
Intermediate Government	937,346	-	-	937,346
Total mutual funds	2,169,096	-	-	2,169,096
Total	\$2,500,505	\$ -	\$ -	\$2,500,505

Following is a description of the valuation methodologies used for assets measured at fair value.

Money Market Fund: Money market funds are priced daily. The funds have relatively low risks compared to mutual funds and pay dividends that generally reflect short-term interest rates.

Mutual Funds: Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted price of the fund.

Investment income and losses are reflected in unrestricted net assets unless there are explicit donor restrictions. Investment gain or loss for the year ending June 30, 2012 is as follows:

Interest and dividend	\$ 66,682
Unrealized gains	20,955
	<u>\$ 87,637</u>

Return Objective and Risk Parameters: The Foundation's objective is to earn a respectable, long-term, risk-adjusted total rate of return to support the designated programs. In establishing the investment objectives of the portfolio, the board of directors and the Investment Committee have taken into account the financial needs and circumstances of the Foundation, the time horizon available for investment, the nature of the Foundation's cash flow and liabilities and other factors that affect their risk tolerance. The intermediate government funds are subject to prepayment risk in addition to other bond market risks. The Foundation takes a risk-averse balanced approach that emphasizes a stable and substantial source of current income and some capital appreciation over the long term. The entity recognizes that investment results over the long term may lag those of the typical balanced portfolio since the typical balanced portfolio tends to be more aggressively invested. Nevertheless, the portfolio is expected to earn long-term return that compares favorably to appropriate market indexes.

NOTE 4. Grants Payable

Grants payable include grants awarded in prior years and not paid as of the end of the fiscal year. Grants that are expected to be paid in future years are recorded at the present value of their estimated cash flows, discounted at market rate. They are scheduled for payment, net of a discount of \$51,678, as follows:

Year Ending June 30,	
2013	\$ 1,176,465
2014	203,474
TOTAL	<u>\$ 1,379,939</u>

The Foundation approved approximately \$1,411,000 of new grants, which are effective on July 1, 2012.

Note 5. Board-Designated Funds

The Foundation's board of directors designated certain of the Foundation's unrestricted net assets as endowment funds for future projects and operational uses. The board appropriates for expenditure in its annual budget 5% of the ending market value of the board designated-funds as of a certain period-end date. Additional transfers may be made to operating cash at board's discretion. All board-designated funds are separately shown in the accompanying statements of financial position. The change in board-designated funds is summarized below:

Balance, beginning of year	\$ 1,471,647
Investment income	49,717
Expenditures - 5% transfer to operating cash	(74,701)
Sales	(75,064)
Purchase	(75,064)
	<u>\$ 1,446,663</u>

Note 6. Temporarily Restricted Net Assets

Temporarily restricted net assets consist of investments expendable in accordance with the terms of the contributions (see Note 1). They are restricted for the following:

	2012
Purpose-restricted - clinical education	173,248
Time and purpose-restricted - suicide causes research	901,150
	<u>\$ 1,074,398</u>

Spending Policy: The Foundation will appropriate for expenditure in its annual budget 5% of the ending balance of the market value of the investments as of a certain period-end date.

Note 7. Contributed Legal Services

The Foundation has received legal services approximating \$3,800 during fiscal 2012 which has been reflected as a contribution and legal expense in the accompanying financial statements. The value of these services rendered was supplied by the donor.

Note 8. Pension Plan

The Foundation sponsors a defined contribution retirement plan covering all employees meeting age and service requirements. Pension plan contributions are based on a percentage of an employee's salary. Pension plan contributions for the years ended June 30, 2012 amounted to \$244,239

Note 9. Leases

The Foundation is obligated under various leases, as amended during fiscal 2011, for office facilities extending through November 2021. Minimum annual rentals are as follows:

Year Ending June 30,	
2013	\$ 362,745
2014	366,069
2015	293,300
2016	303,186
2017	303,186
Thereafter	1,339,072
TOTAL	<u>\$ 2,967,558</u>

Rent expense (excluding rent allocated to events) is recorded on a straight-line basis and was approximately \$379,000 for the year ended June 30, 2012.

In connection with one of the office leases, the Foundation has provided the landlord with a \$68,107 standby letter of credit in lieu of a security deposit, which is collateralized by a certificate of deposit maintained at a bank.

Note 10. Out of Darkness Event

The Foundation sponsors "Out of Darkness" events, which are 20-mile walks. The purpose of the "Out of Darkness" walks is to raise funds and increase public awareness of the various causes promoted by the Foundation. The Foundation held one "Out of Darkness" walk during fiscal year 2012. In addition, the Foundation has organized smaller scale "Out of Darkness" community walks and campus walks, which take place in various cities around the country.

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