



The Glendon Association

a 501(c)(3) California nonprofit corporation

Our mission is to save lives and help people create more meaningful lives by addressing the social problems of suicide, child abuse, violence, and troubled interpersonal relationships.

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& Education

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October 12, 2007

Professor Garrett Glasgow

3719 Ellison Hall

Political Science Dept.

UCSB

Santa Barbara, CA 93106

Dear Professor Glasgow,

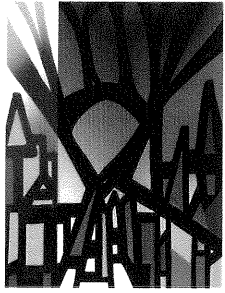
Enclosed please find a compilation of articles regarding the efficacy of restriction of means in combating suicide. We think the data speaks for itself, and the conclusions drawn by other researchers are valid. The amount of compelling evidence is why *restriction of means* is #5 in the National Strategy for Suicide Prevention¹, as well as an established prevention initiative utilized by the World Health Organization². Building a barrier at the Cold Spring Arch Bridge will remove a means of suicide from our community, and its intended effects are well-supported by the available information.

Your theories of *displacement* and *substitution* have been examined in prior studies and have not been shown to carry weight. Although it is fair to question these phenomena, studies have indicated that suicidal persons tend to prefer a specific method; as you will read, bridge jumping is more popular among people who are severely depressed and/or schizophrenic— they are thus not likely to go home and choose another method when deterred from jumping. Jumping is also more common among young people. Suicidal states are transitory— anything that puts distance between people and their chosen method for suicide can save lives.

Your paper claims there are *many* reasons to believe that the individuals in Dr. Seiden's study are not representative of people that actually commit suicide by jumping off bridges, and your entire argument rests on the theory that we can't determine for sure that lives have been saved. Your only evidence, however, seems to be that if people didn't succeed in completing the act, we can't trust whether they were serious, and therefore should not act to protect them; this is dangerously naïve.

5383 Hollister Ave, Suite 270 • Santa Barbara, California 93111

Phone: 805-681-0415 • Fax: 805-681-0425 • email: TheGlendonAssociation@glendon.org • website: www.glendon.org



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The so-called *self-selection bias* is not demonstrated merely by comparing Dr. Seiden's study group to the group of people who chose to attend the public hearings on the Cold Spring Bridge barrier project. What additional reasons support your challenge to these individuals' states of mind, other than the fact they didn't succeed in taking their own lives? You accuse Dr. Seiden of "assuming away the problem," but in suggesting that numerous clinical psychologists have misjudged the sincerity of their study populations, this paper seems to put forth the same hindered perspective it condemns.

We are glad to know that you are empathetic to Glendon's mission. We hope you will consider this information with an open mind.

Regards,

Lisa Firestone, PhD
Director of Research & Education

cc: J. Marc McGinnes
Carol Kenyon, Friends of the Bridge

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1. National Strategy for Suicide Prevention
<http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3518/default.asp>
 2. World Health Organization on Suicide Prevention
http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/