



## Blue Bridge

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Beautiful blue bridge  
Icon of our city  
Crown jewel of our town  
You brought so many people together  
Joining communities and cultures  
With your quiet grace and elegance  
You stand tall and majestically  
On strong pillars  
Holding up so many lives  
Beauty and grace masks vulnerability  
Hiding a pain so deep it could not be expressed in words  
Heartbreaking yet unknown, private sorrow  
Inside your mind I can never go  
What conversations could we have had  
What could have been  
I will always admire your sweet soul  
My tears are falling like drops in the ocean  
Rippling under the beautiful blue bridge

One Monday in 2008, I [Maryam Soltani] sat in a large lecture hall grading papers while waiting to meet with one of my students. I was teaching a Neuropsychology course at a prestigious university, and he was one face among hundreds enrolled in the class. He was struggling with the material and had approached me the week prior to ask if we could meet outside of office hours. I gladly agreed to meet with him on Monday to help him prepare for that week's midterm exam. I wanted him to succeed. Now I sat waiting in that cold empty room. Fifteen minutes passed, 30 min passed, 45 min passed, 60 min passed—still no student. I began to pack up my belongings when another student in the course appeared in his place. I asked him, “Where is X?”

He replied, “X has been struggling with depression for the last several weeks. Yesterday, while driving to his sister's house, he intentionally drove his car off of a cliff because he couldn't take the despair any longer.” I stood there shocked and in disbelief. He had reached out to me for help. We had made an appointment. He was future-oriented. He had goals. He was gone, just like that. I stood there, in shock, teary eyed, and speechless. I recalled the saying I once came across, “Suicide captures attention but the actions before go unnoticed.” I wondered silently, “What did I miss?”

Over the last nearly two decades, there has been a steady increase in the number of deaths by suicide. Per a CDC report released in June 2018, suicide rates have increased by about 30% since 1999 [1]. From 1999 to 2016, suicide rates increased significantly in 44 states; suicide rates increased by greater than 30% in 25 states [1]. In their report, the CDC also showed that in the 27 states represented in the National Violent Death Reporting System in 2015, 54% of people who attempted suicide did not have a known mental health condition [1]. In 2016 alone, 45,000 people, aged 10 or older, committed suicide [1]. Suicide is becoming a national crisis that needs intervention and needs it now.

Suicide is sometimes well planned, but the emotions driving the actual attempt are often impulsive. Indeed, 24% of the people who attempt suicide decide to do so less than 5 min prior to their attempt, and 70% of people decide to do so within 1 h of their attempt [2]. Furthermore, 90%

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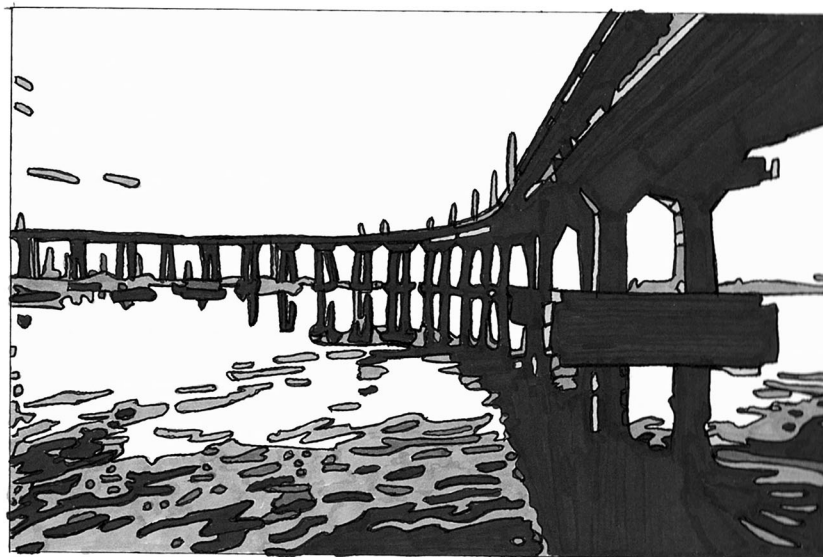
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of people who survive suicide attempts do not end up dying from suicide [2]. The famous survivor of a Golden Gate Bridge jump, Kevin Hines, stated that he regretted jumping immediately after stepping off the bridge. When discussing suicidal ideation, one must appreciate the inherent ambivalence that may be characterized as a simultaneous will to live and to die. Prior to jumping, Hines describes pacing back and forth on the walkway sobbing for half an hour [3]. In the end, he decided to jump because he felt that no one cared and no one asked him what was wrong [3]. These facts demonstrate that if we can increase the time to action then we should be able to decrease the number of deaths. And a little caring goes a long way.

The poem “Blue Bridge” describes one physician’s [Lisa Wastila] experience after someone died from suicide by jumping off of the Coronado Bridge in San Diego, California. The Coronado Bridge is an icon that connects San Diego to Coronado Island. It opened in 1969. Since then, over 400 people have ended their lives by jumping off of the bridge and now there is an average of 16 deaths per year [4]. I doubt that the bridge’s architects imagined that it would be used as a means for committing suicide when they designed and constructed it. It is worth mentioning that each side of the bridge has very low rising cement barriers allowing for quick and easy access to jump. With rising death rates over the last several years, the following question arises: why is approximately \$10 million dollars being spent on a programmable LED-lighting installation designed to improve the bridge’s esthetics at night as opposed to an effective suicide barrier? [5]. That said, bird spikes, a temporary solution, are scheduled to be placed on top of the low cement wall of the bridge in January 2019, while a more effective and costly permanent barrier is designed.

We as a larger society should all step back for 1 s and remember: “Suicide captures attention but the actions before go unnoticed.” Instead of funding the installation of LED lights to beautify the Coronado Bridge, we should focus our attention on building a permanent, effective barrier (as opposed to the planned temporary barrier), like the one being built on the Golden Gate Bridge, to prevent regrettable impulsive acts that most often lead to the permanent outcome of death. It took over 1500 deaths before San Francisco decided to address the issue of suicide by jumping off of the Golden Gate Bridge [6]. Studies have shown that suicide barriers effectively reduce the rate of suicides by jumping with no associated increase in suicide by other means [7–9]. The Coronado Bridge is the site of over 400 suicides; do we really need to wait for 1100 more people to end their lives before we take definitive action? Shame on us if we do.

Though we, the authors, have used the Coronado Bridge to illustrate our point, we as a larger society should all remember that the need to develop creative ways to increase the time to action applies to all the techniques used to commit suicide. It is also important to note that bridge jumping is not the only mechanism people use to commit suicide. The patient in the Neuropsychology course exemplifies this. He may not have chosen to drive off of the cliff on the day he did if there was a barrier to prevent his impulsive act. Implementing methods that reduce the availability of lethal means has been shown to decrease the number of completed suicides [10]. Sarchiapone and colleagues [11] reviewed several methods employed to restrict the means to suicide that have successfully reduced the number of completed suicides, some of which include: detoxification of gas in homes [12], strict controls on emissions in motor vehicle



exhaust gas [13], strict gun control laws [14], delaying access to firearms [15], and limiting access to pesticides [16]. Multiple approaches are necessary for effective suicide prevention, not the least of which is increased mental health awareness and resources. A permanent barrier on the Coronado Bridge is just one example of a tangible intervention that would help save precious lives.

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## Compliance with Ethical Standards

**Disclosure** On behalf of all authors, the corresponding author states that there is no conflict of interest.

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