



The Increase in Suicide Across the U.S.

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Disclosure Information

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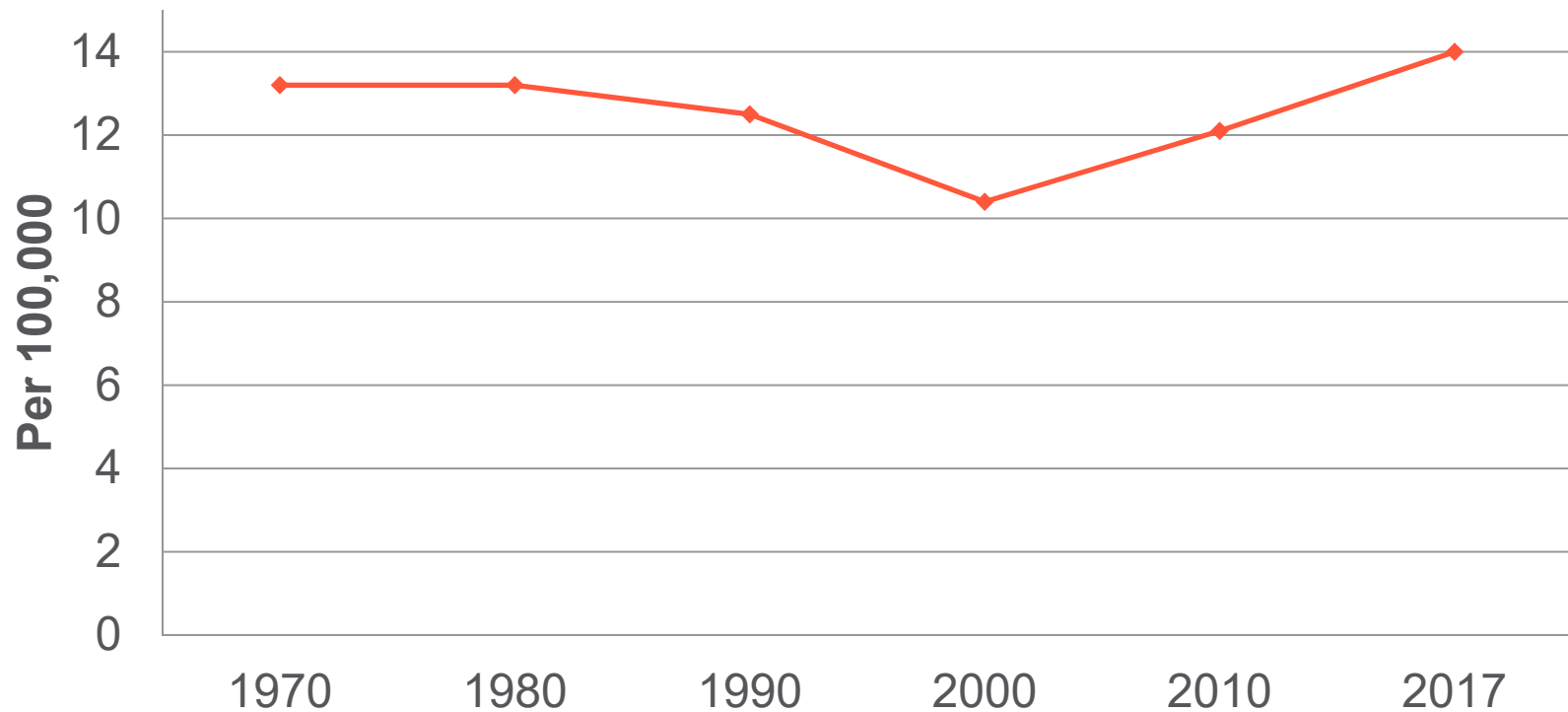
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No bias, conflict of interest or industry involvement

Plan

- I. Overview of the problem
- II. Conceptual model
- III. Risk factors, warning signs
- IV. Assessment of SIB and suicide risk
- V. Brief interventions

U.S. Suicide Rates 1970-2017



Suicide rates listed are age-adjusted rates.

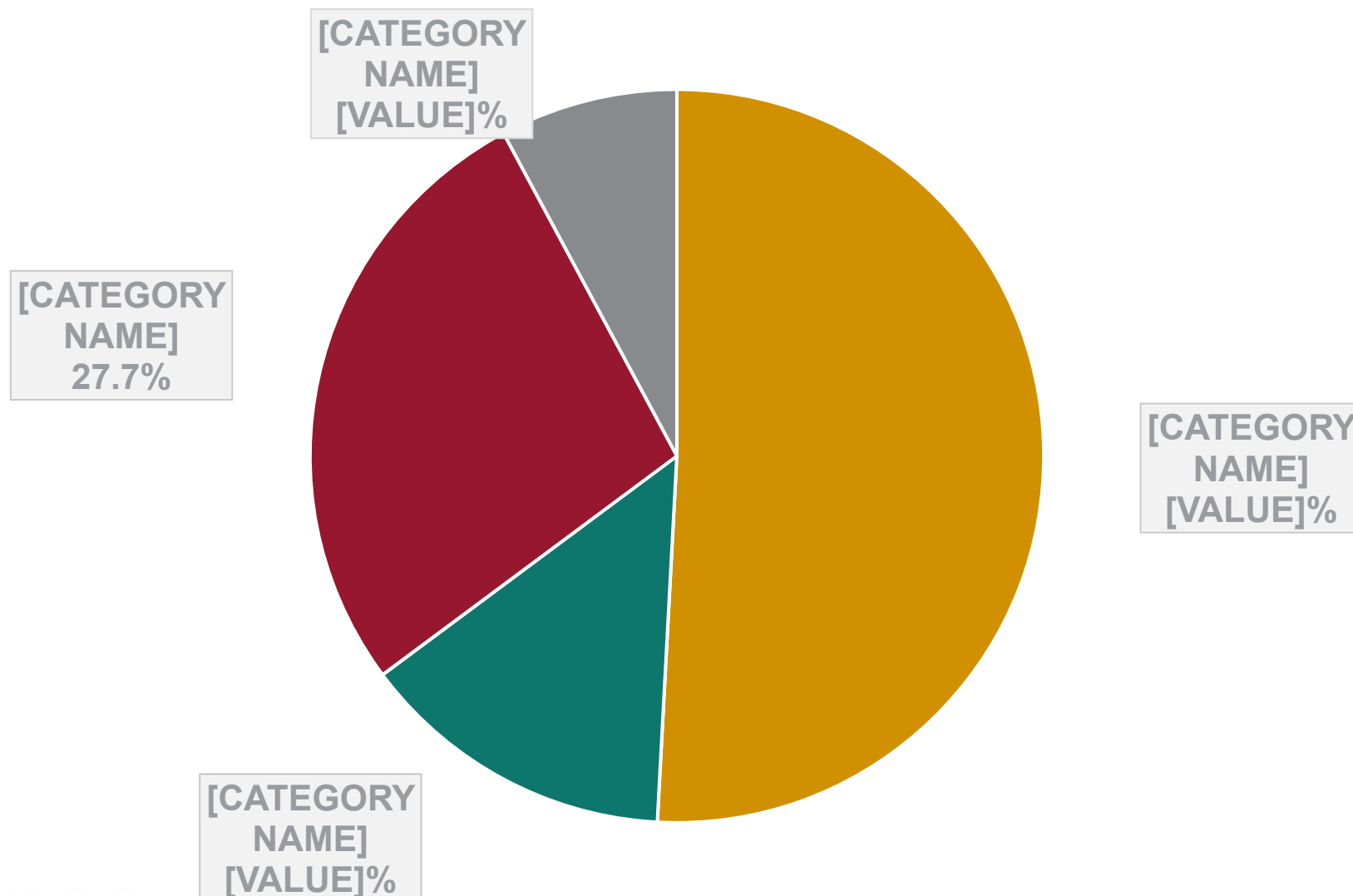
Centers for Disease Control and Prevention. Data and Statistics Fatal Injury Report for 2017. Accessed March 1, 2019.

Facts about Suicide in 2017

- 47,173 suicides
- 10th leading cause of death
 - 2nd for 15- to 34-year-olds, 4th for 35- to 54-year-olds
- Veterans rate 1.5 × higher than age-matched (2016 data)
 - 1.4M adults estimated to have attempted suicide
- 54% of Americans experience loss to suicide

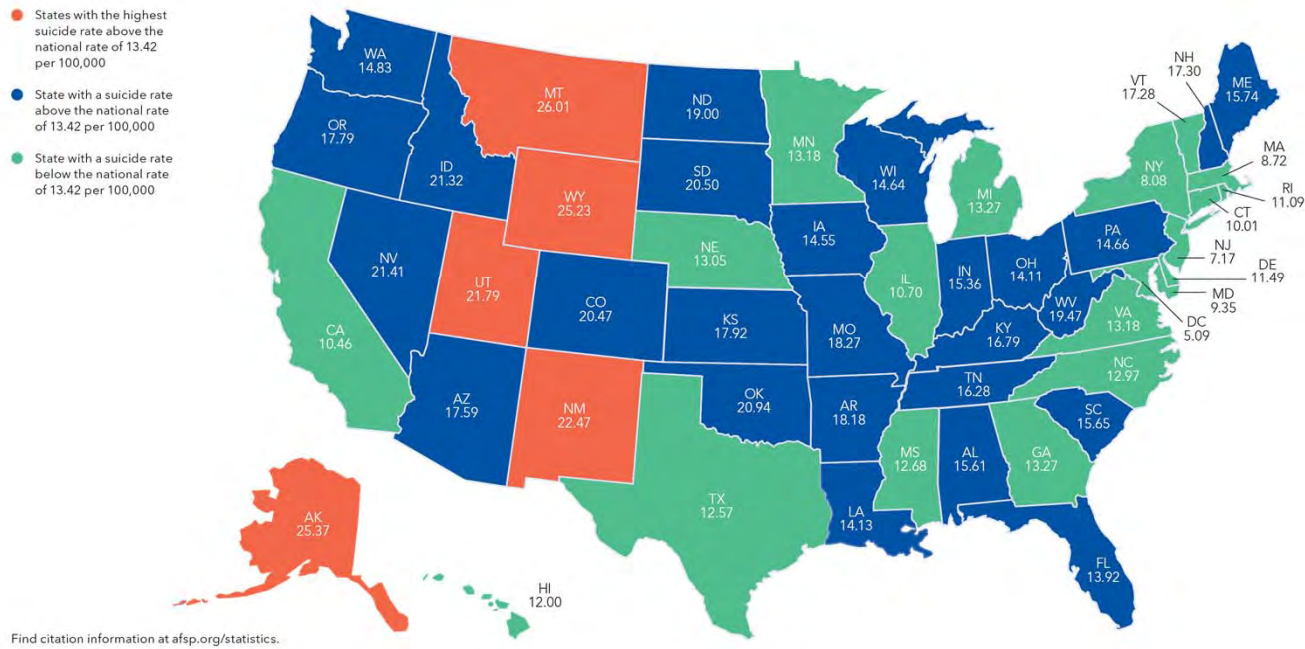
CDC, 2019

Methods of Suicide Death in the United States

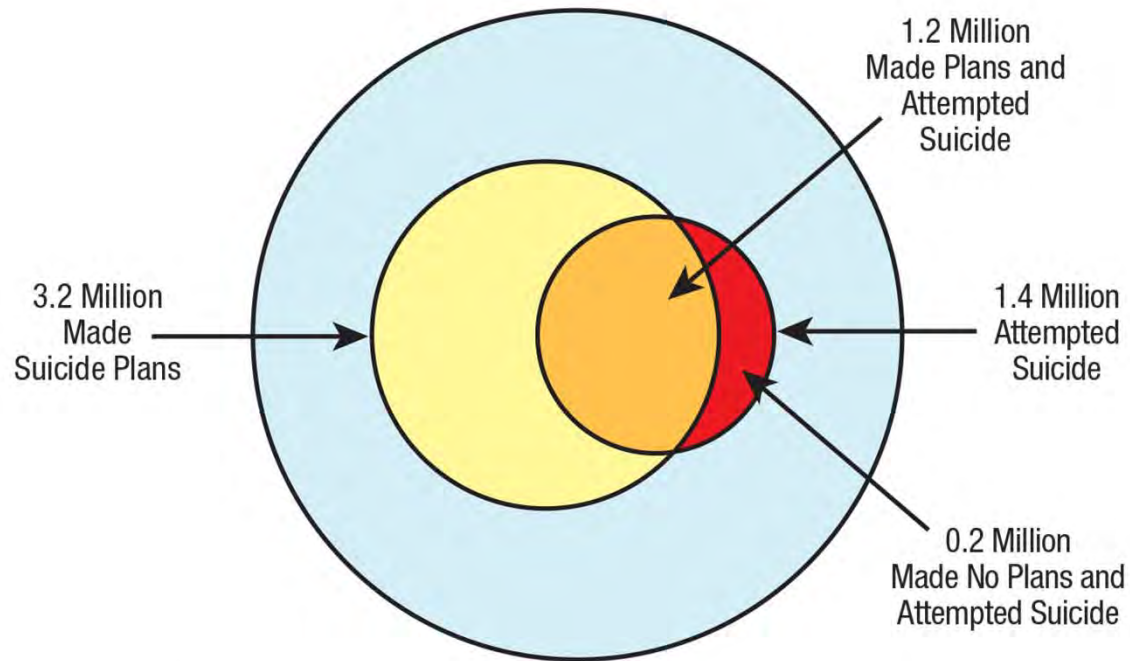


U.S. Suicide Rates by State

SUICIDE STATISTICS



Suicidal Thoughts, Plans, and Attempts in the Past Year among Adults Aged ≥ 18



10.6 Million Adults Had Serious Thoughts of Committing Suicide

Substance Abuse and Mental Health Services Administration. 2018 FFR1.58

Suicidal Ideation, Attempts and Death by Suicide

Many people think of suicide (3.9% per year)

Some people attempt suicide (0.5% per year)

Few people die by suicide (0.014% per year)

- 7% to 10% of people who have made a suicide attempt die by suicide
- 60% of people who die by suicide die on their first attempt

Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2016.

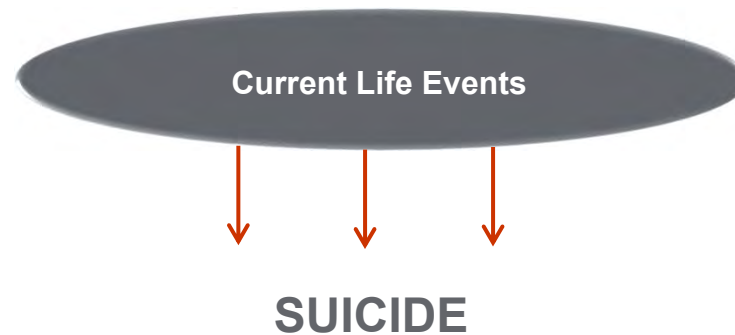
Owens D, et al. *Br J Psychiatry*. 2002;181:193-199. Bostwick JM, et al. *Am J Psychiatry*. 2016;173(11):1094-1100.

Model for Suicidal Behavior



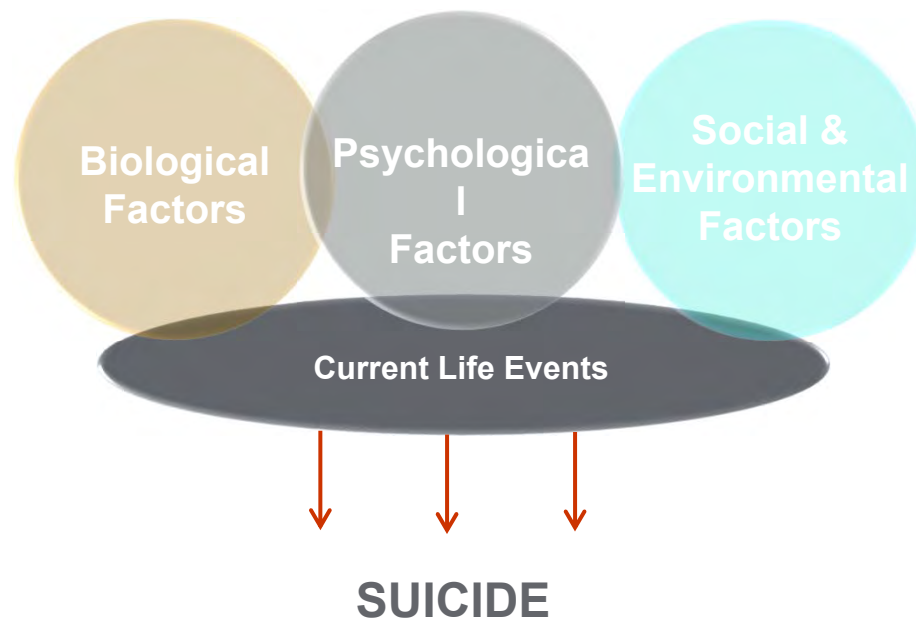
**There is never one single cause of
suicide**

Interacting Risk and Protective Factors



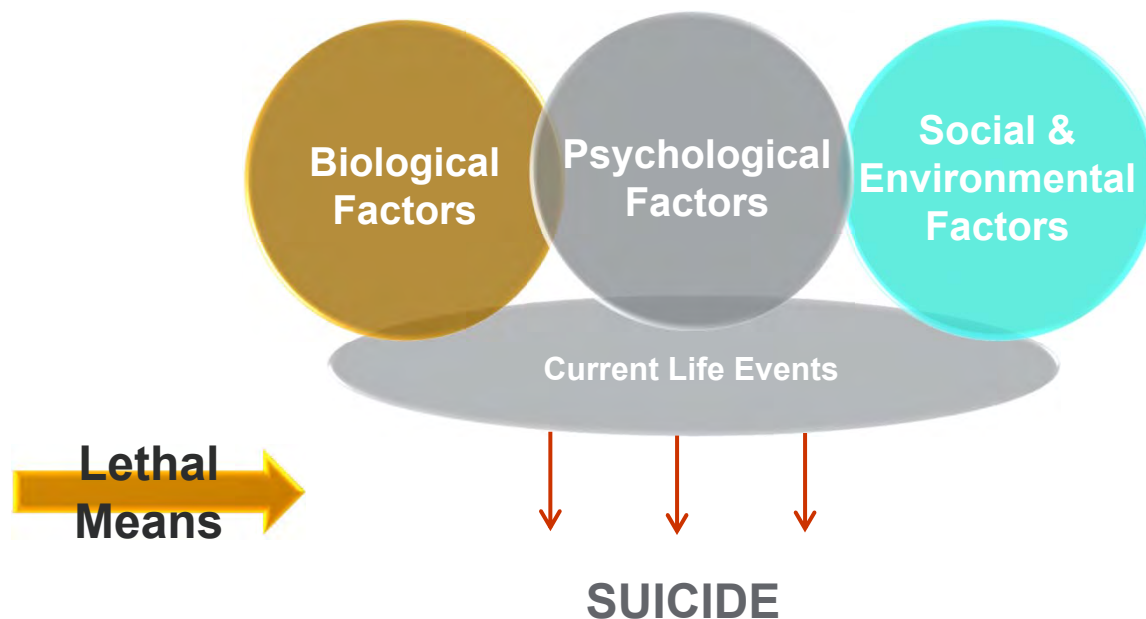
American Foundation for Suicide Prevention. 2014

Interacting Risk and Protective Factors



American Foundation for Suicide Prevention. 2014

Interacting Risk and Protective Factors



- American Foundation for Suicide Prevention. 2014.



CONTRIBUTORS TO SUICIDE RISK

Previous suicidal behavior

The best predictor of future behavior is past behavior.

- Previous suicide attempt and past suicidal ideation best predictors
- Approx. 40% of people who die by suicide have made a previous attempt
- 60% of people who die have never made an attempt
- 5-10% of people who make attempts die by suicide

Owens D, et al. *Br J Psychiatry*. 2002;181:193-199. Bostwick JM, et al. *Am J Psychiatry*. 2016;173(11):1094-1100.

Mental Health Matters

- Major Depression and Bipolar Disorder (60%)
 - Substance use (25+%)
 - Psychosis (15%)
 - Borderline personality disorder (10%)
 - Anxiety disorders & PTSD (6%)
-
- 90% of people who die by suicide have a diagnosable and potentially treatable mental health condition

Bertolote JM, et al. *World Psychiatry*. 2002;1(3):181-185.

Mental Health Plays a Role but is not the Whole Story

Most people with mental health conditions don't die by suicide

Comorbidity is common, increases risk

Additional Contributors

- Head Injury
- Chronic Health Condition
- Chronic Pain
- Aggression/ Impulsivity
- Poor Social Adjustment/Problem Solving
- Family History of Suicide or Mental Disorder
- Early Life Stress or Childhood Abuse

Turecki G, et al. *Lancet*. 2016;387(10024):1227-1239.

Social & Environment Contributors

- Lack of support
- Parent-child or marital conflict
- Feeling rejected by your family
- Feeling disconnected and social isolation
- Contagion including exposure to another person's suicide, or to graphic or sensationalized accounts of suicide.

Batty GD, et al. *Transl Psychiatry*. 2018;8(1):22.

Availability of Means

Guns

- 51% of suicides are by firearms
- 75% using family member's gun
- 50% using parent's gun

Want guns unloaded and locked

Access to bridges

- Barriers and nets

Medications

- Limiting number available & bubble packaging

U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

Biological Factors

- Runs in families
Mental Health Conditions
Genetic
- Problems with the neurotransmitters that affect mood, thinking and behavior
Serotonin, Dopamine, HPA
 - **Cognitive inflexibility**

Cognitive Inflexibility in the Moment

- Difficulty problem solving
- Difficulty shifting gears
- Difficulty seeing options
 - Pain, hopelessness, desperation

van Heeringen K, et al. *Lancet Psychiatry*. 2014;1(1):63-72.

Adverse Life Events as Precipitants

- Physical abuse or Sexual abuse
- Bullying: Victim and perpetrator
- Financial decline or debt
- Legal, disciplinary problems
- School problems
- Event that feels humiliating or hopeless

Batty GD, et al. *Transl Psychiatry*. 2018;8(1):22

Gender Identity & Sexual Orientation

- LGBTQ+ individuals are at increased risk for suicide ideation and attempts
 - Subjected to stigmatization, victimization, Isolation and parental rejection
 - No information about suicide

Haas AP, et al. *J Homosex*. 2011;58(1):10-51.

Protective Factors

- Resilience
- Social and Problem Solving Skills
- Connection
- Social Support from family, school and other Institutions
- Willingness to participate in mental health care
- Access to Mental Health Care
- These can be altered by many factors:
 stress, illness, alcohol...

Batty GD, et al. *Transl Psychiatry*. 2018;8(1):22.

WARNING SIGNS

Talk

- Killing themselves
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain
- Hopelessness

Behavior

- Increased use of alcohol or drugs.
- Looking for a way to kill themselves
- Acting recklessly.
- Withdrawing from activities.
- Isolating from family and friends.
- Sleeping too much or too little.
- Visiting or calling people to say goodbye.
- Giving away prized possessions.
- Aggression or agitation

Mood

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety
- Hopelessness

Assessing for Risk



How can you assess for suicidal behavior?

Ask
Listen

You will not make someone suicidal by asking about it
You might miss an opportunity to save someone's life
by not asking

**Suicide risk is more than just
the report of past or present
suicidal ideation and behavior**

Assessment of risk

- Past and current SIB
- Contributing factors
- Protective factors
- Available resources
- Willingness and ability to access resources
- Safety

National Action Alliance for Suicide Prevention: Clinical Workforce Preparedness Task Force. (2014). Suicide prevention and the clinical workforce: Guidelines for training.

Washington, DC:

Suicide Prevention Resource Center. Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals.

Assessing for suicidal ideation and behavior

- Assess past & current suicidal behavior on intake
- Assess for suicidal behavior regularly
- Assess during times of change and/or stress

Simon RI. Screening for suicide risk in a brief medication management appointment. *Psychiatric Times*. 2012;29(5):17-19. www.psychiatrictimes.com/schizophrenia/screening-suicide-risk-brief-medication-management-appointment. Accessed March 2, 2019.

What to assess about SIB

- ✓ Type of behavior: ideas, attempts
- ✓ Frequency, planfulness, persistence
- ✓ Intent to die (present and past)
- ✓ Method(s)
- ✓ Medical damage of previous attempts
- ✓ Circumstances surrounding suicidal behavior

Simon RI. Screening for suicide risk in a brief medication management appointment. *Psychiatric Times*. 2012;29(5):17-19. www.psychiatristimes.com/schizophrenia/screening-suicide-risk-brief-medication-management-appointment. Accessed March 2, 2019.

Assessing Stressors

- Acute Psychiatric Episode (e.g., MDE, Psychosis)
- Acute Medical Illness
- Stressful Life Event
- Acute Substance Use

Simon RI. Screening for suicide risk in a brief medication management appointment. *Psychiatric Times*. 2012;29(5):17-19. www.psychiatristimes.com/schizophrenia/screening-suicide-risk-brief-medication-management-appointment. Accessed March 2, 2019.

Intervention Considerations

- ✓ Treatment, including medications:
 - Alliance, adherence, dose, type, side effects
 - ✓ Social supports
 - ✓ Ability to engage with assessment process
 - ✓ Need for hospitalization or other crisis intervention
 - ✓ Long-term treatment
 - ✓ Substance use
 - ✓ Hopes and aspirations for the future
- Simon RI. Screening for suicide risk in a brief medication management appointment. *Psychiatric Times*. 2012;29(5):17-19. www.psychiatrictimes.com/schizophrenia/screening-suicide-risk-brief-medication-management-appointment.

Brief Interventions

- Safety Planning
 - Lethal Means Counseling
 - Collaborative Assessment and Management of Suicidality (CAMS)
 - Caring Contacts
-
- Recommended by 1) ED Consensus Panel; 2) SPRC; 3) The Joint Commission.
 - Suicide Prevention Resource Center. Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments. www.sprc.org/edguide

Safety planning

- Actionable plan for managing suicidal ideation and behavior
- Feasible
- Collaborative
- Documented
- Accessible

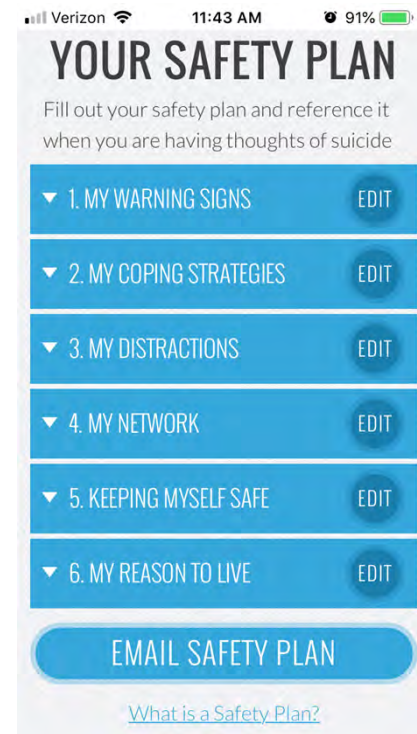
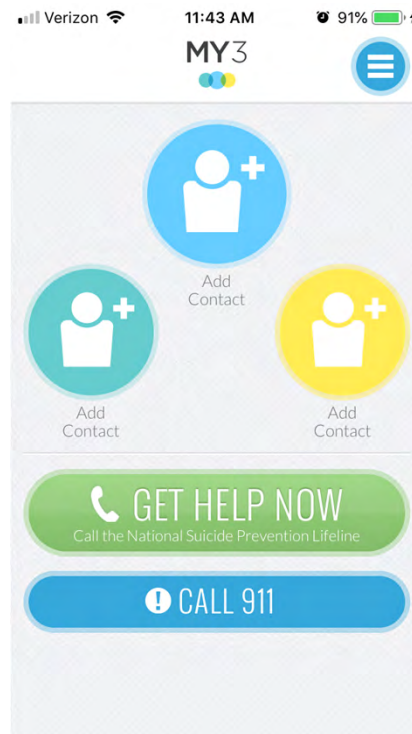


Safety Plan



Stanley B, et al. Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*. 2012;19(2):256-264.

MY3 Safety Plan App



- <https://my3app.org/>

What goes into a Safety Plan

- Warning Signs
- Internal coping strategies
- Socialization to distract from suicidal crisis and to obtain support
- Family members or friends who may offer help to resolve the crisis
- Professionals and agencies
- Methods to reduce potential for use of lethal means
- Reasons for living

Apps and Internet Interventions

- Safety Planning
- Nowmattersnow.org (DBT)
- Mindfulness
- Meditation
- Coping Skills
- Self-statements
- Virtual Coping Cards

We all play a role in suicide prevention

AFSP Mission:

Save Lives and Bring Hope to those affected by
suicide



@afspnational

afsp.org



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Thank You.

