Pain is Temporary...

Choose Life!

You Matter!

Wounds Heal!

It Will Pass!

Suicide isn't!

Shattered Futures

RIP

Broken Families

Friends
IT IS TIME TO OPEN OUR EYES

SUICIDE RISK

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SEPTEMBER 21, 2018

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May 2, 2018

It is Time to Open Our Eyes – Suicide Risk

Disclosure:
I have no relationships with entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
Suicide Attempts

Non-fatal, self-directed potentially self-injurious behaviors with any intent to die as a result of the behavior

A suicide attempt may or may not result in injury

Death caused by self-directed injurious behavior with intent to die as a result of the behavior

Thinking about, considering, or planning for suicide
Suicide is not a crime.

Criminals commit crimes.

So STOP SAYING “Committed Suicide.”

“Committed Suicide” is a term that needs to be expunged completely. It is inaccurate; it is insensitive; and it strongly contributes to the horrible stigma that is still associated with suicide and its survivors.

A better term is: “Died by Suicide.”

or

Succumbed to Suicide
**SUICIDE STATISTICS**

- Suicide is the 10th leading cause of death in the US.
- Each year 44,965 Americans die by suicide.
- For every suicide, 25 attempts.
- Suicide costs the US $69 billion annually.

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**Suicidal Thoughts and Behavior in the Past Year Among Adults, United States, 2016 (≥18 years of age)**

- 9.6 million adults had serious thoughts of suicide.
- 2.8 million made suicide plans.
- 1.3 million attempted suicide.
- 1.9 million made plans and attempted suicide.
- 0.3 million made no plans and attempted suicide.

123 deaths from suicide every day

♂ 3.53 times more likely to die, 77.9% total

♀ 1.2 times more likely to attempt

< 25 years of age
  1 death by suicide every 1 hour 40 mins

< 12 years of age
  1 death by suicide every 5 days

Do you know someone in your social network who has died by suicide?
1 in 20 people in any given year, 1 in 5 during a lifetime do.
Total deaths by suicide 1981-2016 by sex: United States

Data from CDC WISQARS Fatal Injury Reports

28% 1999-2016
- Annual age-adjusted rate 13.4/100,000
  - Men 21.1/100,000
  - Women 6/100,000
2007-2015
Girls ↑ 200%, 2015 40 yr high,
Boys ↑ 31%

Teen suicide rates rise after long decline
Trends reversed in 2007 for U.S. youth ages 10-17

200% increase for girls, 31% for boys.

Suicides per 100,000 10-to-17 year-olds from 2006 to 2016:
- White male: 2.97, 2006;
- Black male: 5.05, 2016 (70% increase);
- White female: 1.48, 2006;
- Black female: 2.62, 2016 (77% increase).

Source: Centers for Disease Control and Prevention (CDC)

2001-2014 10-14 yrs
- 135% ↑ boys & girls
- 300% ↑ girls

Children under 12 years – one death by suicide every 5 days

Most are 10 – 11 years of age
85% male
84% die at home
80% hanging/suffocation
10 Leading Causes of Death by Age Group, United States – 2016

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2017 CDC YOUTH RISK BEHAVIOUR SURVEILLANCE STUDY
GRADES 9-12

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<td>SERIOUSLY THOUGHT ABOUT SUICIDE ATTEMPT</td>
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<td>SPECIFIC PLAN TO DIE BY SUICIDE</td>
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<td>1 OR MORE ACTUAL ATTEMPTS</td>
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<td>ATTEMPT REQUIRED MEDICAL ATTENTION</td>
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US: 13.26/100,000
CA: 10.24/100,000
4167 deaths
45th in US
↑ Deaths by suffocation males & females, all ages
- Hanging, strangulation
- Plastic bags with or without drugs
- Inhalation hazardous gases
States with strong gun laws have lower deaths by firearm suicide & overall suicide rates –

**Gifford Law Center to Prevent Gun Violence Ranks California**
- “A” for gun safety laws, ranked #1 in the USA,
- 43rd for the rate of death by guns

**California Law**

Criminal Act to keep a loaded firearm on your property & a child under 18 years of age
- obtains & uses the gun resulting in injury or death, or
- carries it to a public place,
- unless you stored the firearm in a locked container or locked the firearm with a locking device to temporarily keep it from functioning.
62% of firearm deaths are deaths by suicide
90% of suicide attempts involve firearms

Gun storage practices most important factor
- Men nearly 4x more likely to die by suicide with accessible firearms
- Loaded gun in home, esp if ready to shoot ↑ suicide mortality
- Young people without mental illness with loaded gun in home, 32x ↑ suicide

A gun in the home makes a suicide three times more likely.

If you or a loved one is experiencing a crisis, call 800-273-TALK (8255).

BradyCenter.org #NSPW
KEY GUIDELINES FOR SAFE STORAGE

• Store unloaded firearms in a locked cabinet, safe, gun vault or storage case

• Use gun locking devices so firearms cannot be operated

• If firearms are taken apart, parts should be securely stored in separate locations

• Store ammunition in a locked location separate from firearms

• Thoroughly double check firearms to confirm that they are unloaded when you remove them from storage
Brady Center to Prevent Gun Violence. “The Truth About Suicide and Guns”
Reducing a suicidal person's access to highly lethal means
Evidence based method of reducing death by suicide

“Lethal means counseling”
- assessing whether a person at risk for suicide has access to a firearm or other lethal means (ropes, medications, knives, etc.) &
- working with him/her & his/her family & support system to limit access until no longer feeling suicidal

Counseling on Access to Lethal Means (CALM)
Free training online for professionals
http://training.sprc.org/
30-80% suicide acts are impulsive
Restricting access to lethal means may allow impulse to pass
Generally no back-up plan
1978 study 515 people prevented from attempting suicide on the Golden Gate Bridge between 1937 and 1971; >26 years 94% were still alive or had died of natural causes

In most cases the primary goal of suicide is not a desire to end one’s life or to hurt oneself, but a desire to end unbearable pain
“It feels like the pain inside of you has so far exceeded your threshold, that your only option left is to give up and give into it. You’ve already been drowning for so long and your fighting to swim to shore isn’t getting you anywhere closer, just wearing you out, like you’re way in a riptide and screaming at a shore hear your words or tell You feel incapable of fighting a long fight all you have left in you fight and ‘courage’ to make it all stop. After all, you think the world and everyone in it will be better off without you anyway, and that they will all quickly forget your existence. ”

https://themighty.com/2016/12/what-being-suicidal-feels-like/
Suicide is an attempt to solve a problem of intense emotional pain with impaired problem-solving skills. Individuals of all races, creeds, incomes, and educational levels die by suicide. There is no typical suicide victim.
PROTECTIVE FACTORS FOR SUICIDE - reduce likelihood of suicide, enhance resilience, may serve to counterbalance risk factors.

- Care & support for mental, physical, & /or substance use disorders
- Restricted access to highly lethal means of suicide
- Strong connections to family, friends, & community support
- Success & participation in school and/or workplace
- Skills in problem solving, conflict resolution & nonviolent handling of disputes
- Cultural & religious beliefs that discourage suicide & support self-preservation
- Feeling safe in one’s environment
- Parenthood, having a pet

RISK FACTORS - characteristics associated with suicide
CAUSE(S) – condition(s) that bring suicide to fruition
Many factors contribute to suicide among those with and without known mental health conditions.

- Relationship problem (42%)
- Problematic substance use (28%)
- Job/Financial problem (16%)
- Loss of housing (4%)
- Crisis in the past or upcoming two weeks (29%)
- Physical health problem (22%)
- Criminal legal problem (9%)

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

BIOLOGICAL FACTORS

GENETICS

- Adoption, twin, & family studies, link between genetic inheritance & risk of suicide.\(^{16}\)
- Having a first-degree relative who completed suicide \(\uparrow\) individual risk of suicide 6-fold\(^{17}\)
- 24% of suicide attempters report a history of completed suicide among first & second-degree relatives
- Multiple suicide attempters more likely to have a family history of suicidality

Early life adversity may increase suicide risk by epigenetic mechanisms\(^{22,240,241}\)

- SKA2 is a gene that may moderate the suppression of cortisol following stress, involved in inhibiting negative thoughts & controlling impulsive behavior\(^{21}\)
- Exposure to early-life trauma may cause epigenetic changes wth SKA2 to affect risk for suicidal behaviors, PTSD\(^{242}\)
Study measures:
- physical abuse,
- verbal abuse,
- sexual abuse,
- physical neglect,
- emotional neglect
- parent who’s an alcoholic
- a mother who’s a victim of domestic violence
- a family member in jail
- a family member diagnosed with a mental illness
- disappearance of a parent through divorce, death or abandonment.

>7 ↑ suicide risk 51 fold in children and adolescents

CDC-Kaiser Adverse Childhood Experience (ACE) Study
BIOLOGY OF SUICIDE

Brain inflammation
- NeuroInflammatory markers - Kynurenic Acid (KYNA), Quinolinic Acid (QUIN), & plasma picolinic acid. S100b, IL-1β, IL-6, TNF-α - adolescent clinical trial Cleveland Clinic 28,29

Neurotransmitters
- CSF 5-HIAA, serotonin precursor, ↓ concentrations with many mental health disorders, suicide 30
- NMDAR (N-methyl-D-aspartate receptor) dysfunction, structural abnormalities - schizophrenia, anti-NMDAR encephalitis (autoimmune), mood disorders, and autism 246
  - Ketamine activates receptor site, used to treat depression, clinical trials adults Mayo Clinic 208,209,210, 211,212, adolescents(Yale) 31,32
- GABA (gamma-aminobutyric acid )-role in Hypothalamic Pituitary axis response to acute stress

Neural Plasticity Alterations 10,18,25,231,233
- CNS ability to adapt in response to changes in the environment or lesions.

Hypothalamic-Pituitary Axis Dysregulation 234,236,237
CDC REPORT 2018

46% >10 years who died by suicide known mental health problem at time of death

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<td>Anxiety</td>
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<td>Bipolar Disorder</td>
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<td>Alcohol</td>
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90% previously reported with diagnosable mental health diagnosis at time of death based on “psychological autopsies”

Discrepancy

- Diagnosis may not have been known by family at time of death
- Individual may not have been diagnosed
- Deaths by suicide in those with no mental health condition

Differences exist among those with and without mental health conditions. People without known mental health conditions were more likely to be male and to die by firearm.

**No known mental health conditions**

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<th>Method</th>
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<td></td>
<td>Suffocation 27%</td>
</tr>
<tr>
<td></td>
<td>Firearm 55%</td>
</tr>
</tbody>
</table>

**Known mental health conditions**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Poisoning 20%</td>
</tr>
<tr>
<td>Male</td>
<td>Other 8%</td>
</tr>
<tr>
<td></td>
<td>Suffocation 31%</td>
</tr>
<tr>
<td></td>
<td>Firearm 41%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH AND SUICIDE

1st 30 days after discharge from inpatient psychiatric care - period of high suicide risk irrespective of the reason for admission

Bipolar Disorder – diagnosis with highest risk of suicide \(^{40,41,42}\)
- 8-20% die by suicide,
- 25-50% adults attempt suicide,
- Increased risk with early onset disease (20-65% adults)

NRX-101 (Cyclurad™) – Phase 3 clinical trial
- first NMDAR/ serotonin 2A receptor (5-HT2A)
  - D- Cycloserine NMDAR antagonist, Lurasidone – serotonin receptor antagonist – dual receptor approach
  - Oral x 6 weeks, used after ketamine infusion
  - Treat depression, only treatment in development for acute suicidal ideation/behavior in those with bipolar illness

https://clinicaltrials.gov/ct2/show/NCT0 3396068
MENTAL HEALTH AND SUICIDE

Depression –
2-15 % die by suicide, 20 x > general population

Swedish study 7 million adults \(^{43}\) –
- depression increases risk 32X
- ↑ risk with another mental illness,
- Most common within 13 weeks 1\(^{st}\) dx
MENTAL HEALTH AND SUICIDE

Eating Disorders 44.45.46.47.48
Schizophrenia 49,50
Borderline Personality Disorder 52,53
  Suicidal behavior is a required DSM IV criterion
ADHD 54,55
  60% <12 yrs dying from suicide with ADHD/ADD (National Violent Death Reporting System)
Body Dysmorphic Disorder 56 distressing or impairing preoccupation with an imagined or slight defect in appearance
Somatic Symptom Disorder 57 psychological dysphoria expressed as physical symptoms inconsistent with or unexplained by any underlying general medical or neurologic condition
Anxiety Disorders combined with poor impulse control 189,190
Conduct Disorder (adolescents) 191
MENTAL HEALTH AND SUICIDE

Strong evidence PTSD increases risk for suicide 64,65,66,67

- High levels intrusive memories
- Anger and impulsivity
- Using suppression to cope with stress

Trauma from exposure to suicide can contribute to PTSD

1) witnessed the suicide
2) very connected with the person who died
3) have a history of psychiatric illness

Traumatic grief more likely after exposure to traumatic death such as suicide 68

- syndrome in which individuals experience functional impairment, a decline in physical health, & suicidal ideation.
Suicide 2nd leading cause of death in 6 months after childbirth, 20% post-partum deaths. \(^60,61,62,63\)

Strongest predictor post-partum depression is depression during pregnancy. \(^58\)

Often history prior depression, anxiety disorder, &/or undiagnosed bipolar disorder.

- Risk with other mental health disorders, poor social support, history of abuse or neglect, family history suicide. \(^59,61\)

Postnatal depression in male partners 25-33%, onset, usually 3-6 months after birth. \(^215,216,249\)

- 68% fathers depressed in 1st 5 years after birth of child. \(^249\)

1 in 7 women are impacted by Perinatal Mood and Anxiety Disorders.
Nearly 1:12 US adults (>12 years of age) has substance abuse disorder

Suicide leading cause of death in persons with substance abuse disorders

Alcohol & drug use, are associated with 50-67% of suicides

- 20% Opiates including heroin & prescription drugs
- 20% Alcohol
- 10.2% Marijuana
- 4.6% Cocaine
- 3.4% Amphetamines

Substance abuse disorders

- 12-17 x increased risk with comorbid affective disorders
- Attempts 2-5X more likely to result in death

Increased risk in teens with substance abuse disorder

- Early onset
- Polysubstance abuse

Source: PsychologyToday.com
Alcohol misuse or dependence - ↑ impulsivity, ↓ inhibition, ↑ depression, ↑ social isolation, ↓ concern for future consequences of one’s actions

Low levels serotonin associated with aggression
Alcohol affects CNS serotonin transport
Exacerbated with use of SSRI anti-depressants

Adult alcoholic
↑ suicide risk 10 x > general population $^{69}$
↑ Risk 40X – co-abuse alcohol, prescription drugs
↑ Risk in older age groups $^{73}$
Heavy episodic drinking (HED) (5 or more standard alcoholic drinks within 2 hrs) ↑ risk of suicide in youth and adults

Strongest youth association < 13 years

HED correlation with use of cannabis Co-abuse increases
- alcohol consumption,
- binges
- risk for suicide attempts

Adolescent alcohol use
May cause depression or may be used to self-medicate depression
- 16 - 19 yr old females more than 6x as likely to experience depression if they were alcohol abusers

Stronger assn. with suicide in teens than substance abuse
Suicide Risk in Skin Disorders

The leading cause of death in chronic pain patients is suicide.

Individuals with epilepsy are three times more likely to die by suicide than those without.

New Research on Autism and Suicide | Psychology Today

Suicide by insulin kills more diabetics than those with mental and neurological disorders.

Shared Risk Factors:
- TBI
- Age
- Gender
- Substance Use
- Psychiatric Illness
- Depression

Suicide among genitourinary cancer patients
Canadian study 15-30 year olds (2017)\textsuperscript{116}

↑ Suicidal ideation 28%, ↑ suicidal plan 134%, ↑ suicide attempt 363%
- Highest risk soon after diagnosis
- May increase risk for comorbid mental health diagnosis

Studies support association in pediatric/adolescents
- Epilepsy \textsuperscript{117,118,119,120}
- Diabetes Mellitus \textsuperscript{120,121,122,123,124,125,126}
- Chronic Pain \textsuperscript{127,128}
- Atopic Dermatitis \textsuperscript{129}
- Traumatic Brain Injury \textsuperscript{134,135}
- Chronic Tic Disorders \textsuperscript{130}
- Acne \textsuperscript{131,132}
- Chronic Migraine Headaches \textsuperscript{133}
- Autism Spectrum Disorders \textsuperscript{136,137,138,139,140}
CHRONIC ILLNESS AND SUICIDE

17 medical conditions with increased risk (2017) 141 - 2674 deaths vs 267,400 controls

- 62% had ≥ 1 condition in year before death vs 36% controls
- ↑ risk with > one chronic health condition (38% deaths vs 15% controls)

9x ↑ TRAUMATIC BRAIN INJURY (↑brain inflammation, glial activation, ↑TNF-α brain, serum) 247
2x ↑ SLEEP DISORDERS (Insomnia, hypersomnia, nightmares) 143,147,148,149,220
2x ↑ HIV/AIDS

COPD, BACK PAIN, CANCER, CONG HT FAILURE, MIGRAINES, EPILEPSY, ASTHMA, HYPERTENSION, DIABETES MELLITUS, PSYCHOGENIC PAIN, PARKINSON’S DISEASE, RENAL DISORDER, STROKE

CANCER 40 yr study Weill Cornell 142 - ↑ suicide rate 60% vs genl population

- LUNG CANCER 420% ↑
  - 50% suicides in lung cancer patients with highly treatable disease
  - 13X ↑ Asians, 9x ↑ men
- COLORECTAL CANCER 40% ↑, BREAST OR PROSTATE CANCER 20% ↑

LUNG CANCER 420% ↑}

50% suicides in lung cancer patients with highly treatable disease

13X ↑ Asians, 9x ↑ men

COLORECTAL CANCER 40% ↑, BREAST OR PROSTATE CANCER 20% ↑
U.S. Food & Drug Administration (FDA) October 2004
Black Box Label Warning - SSRI antidepressants may ↑ risk of suicidal thinking & behavior in some persons <25 years with major depressive disorder

Studies after - benefits of antidepressant medications likely outweigh risks to children & adolescents with major depression & anxiety disorders 122,123,124

Close monitoring especially during first 4 weeks of treatment for:
- worsening in depression,
- emergence of suicidal thinking or behavior,
- changes in behavior, such as sleeplessness, agitation, or withdrawal from normal social situations

Treatment with these medications should not be abruptly stopped

- fluoxetine (Prozac)
- sertraline (Zoloft)
- paroxetine (Paxil, Pexeva)
- citalopram (Celexa)
- escitalopram (Lexapro)
- fluvoxamine (Luvox)
- venlafaxine (Effexor)
- mirtazapine (Remeron)
- desmipramine (Norpramin)
- nortriptyline (Pamelor, Aventyl)
- desveniafaxine (Pristiq)
- duloxetine (Cymbalta)
- aripiprazole (Abilify)
BLACK BOX WARNING LINK TO SUICIDAL BEHAVIOR

PSORIASIS – Brodalamub (Siliq)

ASTHMA – leukotriene agonists - montelukast, zileuton, and zafirlukast

ADHD – Atomoxetine (Strattera) – children, adolescents, BUT no suicides reported
MEDICATIONS WITH WARNINGS OF LINK TO SUICIDAL BEHAVIOR

- Interferons
- Anti-malarial – Mefloquine (Lariam)
- Anticonvulsants
- Pain – tramadol (Ultram, Ultracet)
- Smoking Cessation – bupropion (Zyban)
- Anti-bacterial - fluoroquinolones
- Hypnotics – zolpidem, zaleplon, eszopiclone, benzodiazepines, suvorexant
- Glucocorticoids
- Hormonal contraceptives – oral, patch

Review of non-psychotropic medications & risk of suicide or attempts (1990-2014) - inconclusive \(^{150}\) – corticosteroids, isoretinoin, anti-epileptic drugs, no association with cardiovascular drugs
Sleep disturbance is a risk factor for suicide.

Not sleeping enough may contribute to depression, anxiety.

2012 to 2015, 22% of teens sleeping <7 hours/night (require 9 hours/night).

2015 – 43% of all teens slept < 7 hours/night (sleep-deprived).

More time online associated with less sleep.

2014 study – 80% of teens used their smartphones when they were supposed to be sleeping.

Blue light from smartphones/tablets blocks brain release of melatonin, interfering with going to sleep.

Adolescent suicide completers are 4 times more likely to exhibit sleep problems in the week before death, independent of whether depressed or not.

30% with insomnia, 15% with hypersomnia.

Males = females.

12-14 year olds with significant sleep problems predicted suicidal thoughts & self-harm behaviors at ages 15-17, after controlling for depression.

Nightmares linked to both suicidal thoughts and suicide attempts.
Family Risk Factors

- Family history of suicide attempts
- Family history of depression
- Family history of substance abuse
- Family history history of assaultive behaviour
- Disorganized, unsupportive family
- Family denies seriousness of suicide attempts
- Family has high stress and crowding
- Family has low social support and is socially isolated
30-40% (25-33% youth) who die by suicide have made previous attempt
90% who make an attempt will not die by suicide
  • 70% will not make a repeat attempt
  • 20-23% repeat attempt will not result in death
  • 7-10% repeat attempt will result in death

Greatest risk for recurrence 6-12 months after 1st attempt
  • No single predictor of increased risk, multiple studies
    • History of ≥1 suicide attempts
    • Feelings of hopelessness
    • Presence of mental health disorder
    • High levels of perceived stress
    • History of physical or sexual abuse
    • Family history suicide
ADOLESCENT PERSONALITY TRAITS

Low Self-Esteem

Social pressure for perfectionism

Hopelessness

Lack of resilience

Poorly developed problem-solving skills
Fantasize about ideal love, often become attached too quickly, & fear rejection.

Hypochondriasis – use mental & medical problems to avoid responsibility

Seclusive - Lack relationships, critical of others, competitive

Females - distressing thoughts & worrisome feelings disproportionate to actual circumstances

Chronically depressed, passive, unable to experience normal pleasure
4 INGREDIENTS FOR A MEANINGFUL LIFE

R.F. Baumeister, social psychologist

- sense of purpose
- feelings of efficacy
- positive moral value
- sense of positive self-worth

RELATIONSHIPS WITH OTHER PEOPLE
- greatest resource for a meaningful life
SOCIAL EXCLUSION = perceived deficit in belongingness

- Loneliness – prolonged, negatively valued feeling of social exclusion
- Rejection – specific instance of social exclusion, may \( \downarrow \) people available for support, can lead to loneliness

May \( \downarrow \) all 4 elements of meaning in one’s life \( 208, 217 \)

Causes - unemployment, disability, poverty, discrimination, incarceration, living alone, bullying

Linked to alcohol & drug abuse, depression, anxiety & suicide \( 208, 217, 223 \)

Suicide attempters experiencing social exclusion - neuroimaging \( \downarrow \) brain activation in areas implicated in pain tolerance & social cognition \( 222 \)
Manual laborers in U.S. who work alone & who face unsteady employment have highest rate of unemployment & stressful life events, increasing risk of suicide attempts in men.

**Men**
- Fishing, farming, forestry
- Construction
- Installation, maintenance, repair

**Women**
- Police, firefighters, correction officers
- Legal
- Healthcare & technical

CDC’s National Violent Death Reporting System (NVDRS) 2012 – 17 states
MY DOCTOR SHOT HIMSELF.
I MISS HIM.
Estimated 300–400 physicians die by suicide in the U.S. per year – highest rate of any profession, probably underreported  

1 physician dies every day; 28-40/100,000  

Physicians far higher suicide completion rate  
• 1.4-2.3 x rate achieved in general population.  
• Most common means –poisoning, hanging  

AMA Preventing Physician Distress and Suicide  
https://www.stepsforward.org/modules/preventing-physician-suicide  

Tools and Resources page for residents, medical students, physicians  
• Includes Assessing and Addressing Emotional and Psychological Distress/Depression/Suicide  
http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources
Teen Commits Suicide a Day After Class on Bullying

New York Bullying Victim Kills Herself
Staten Island teen walks in front of bus

At Ohio School, 4 Bullied Teens Lost to Suicide

Bullied Teen, 14, Steps in Front of Tractor-Trailer
Suicide-related behavior is complicated, rarely the result of a single source of trauma or stress.

Youth who report any involvement with bullying behavior (bully & victim) more likely to report high levels of suicide-related behavior.

Bully victims 2 to 9 times more likely to consider suicide than non-victims.

AS A RESULT OF BULLYING...

- 30% self-harmed
- 30% had suicidal thoughts
- 20% skipped class
- 10% had a failed suicide attempt
- 10% abused drugs and alcohol

FROM THE ANNUAL BULLYING SURVEY 2014
1/3 of children < 18 reported being victimized

**VICTIMS**
Children bullied - \( \uparrow \) depression, anxiety, self-harm, \( \downarrow \) self-esteem, trouble with relationships as adults\(^{252}\)
3 times more likely to develop psychotic disorder like schizophrenia\(^{253}\)

**BULLIES**
As adults high risk for substance abuse & violence toward partners.
Often learned their behavior from watching adults around them
January 4, 2018
State authorities are investigating the suicide of a 12-year-old Lexington County boy who, his mother said, killed himself after being bullied at school. S Carolina, suicide is the leading cause of death for youths ages 10 - 14

January 24, 2018
Police in Panama City Beach, Florida charged two 12-year-old middle-school students with cyberstalking after the suicide of another 12 yo student

February 8, 2018
Police are investigating to determine if bullying was a factor in the death of a 14-year-old Hanover, PA boy who took his own life over the weekend.

March 13, 2018
SOUTHAVEN, Miss. - A 12-year-old boy killed himself after facing constant bullying from classmates at his middle school.
Andrew Leach hanged himself in his family's Mississippi garage on March 6
March 22, 2018
ZANESVILLE, OHIO – 12 year old boy shot himself. He was picked on at school, resisted attending due to bullying, and while ready to go to school, could not work out the door and get on the bus.

March 31, 2018
BISMARACK, ND – 12 year old girl had recently changed her name to Chance. She was struggling as a victim of bullying and those who loved her didn’t know how unbearable that pain had become for her.

May 10, 2018
MEMPHIS, TN – 14 year old girl had been bullied since the third day of school. Her mother said she went to the school 2-3 times a week to complain about the bullying and said her daughter was constantly teased. She was punished for fighting. She was not allowed to participate in any 8th-grade-week activities, including the prom, probably the breaking point.

May 26, 2018
JANESVILLE, WI – 12 year old girl bullied for 2 years after her father died of a drug overdose. She started faking illness in fifth grade to avoid the hurt at school.
Suicide:
50% of surveyed individuals reported contemplating suicide; 20% later succeeded

Victims of bullying are three times more likely to experience depression than the average individual

The impact of bullying on victims has been found to correlate with the diagnostic criteria of Post-Traumatic Stress Disorder and anxiety
LGBT individuals have 1.5x higher risk of depression and anxiety disorders than heterosexual individuals.

Of LGB students in grades 9-12...
- 43% seriously considered suicide
- 38% made a suicide plan
- Roughly 30% attempted suicide
—CDC’s 2015 YRBS

40% of transgender youth said they had attempted suicide
Source: National Transgender Discrimination Survey

Compared to their heterosexual peers, lesbian, gay, and bisexual high school students are nearly 2x as likely to be bullied at school.
Source: 2015 Youth Risk Behavior Survey, CDC
Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)

LOW rejection

MODERATE rejection

HIGH rejection

Level of Family Rejection

Ryan, Family Acceptance Project, 2009
LGBT ADULTS

Lifetime suicide attempt rates \(^{106,107,108}\)
- 3x higher in gay/bisexual men
- ↑ rates of depression, anxiety disorders \(^{109,110}\)
- 2x lesbian/bisexual women
- ↑ rates substance abuse, 3x> heterosexual women \(^{109,110}\)

↑ Stress prejudice, discrimination, family rejection, bullying, violence \(^{109,110}\)

LGBT seniors \(^{110}\)
- disproportionately high poverty rates
- 2x as likely to live alone,
- 2x as likely to be single
- 3-4 x less likely to have children
— and many are estranged from their biological families.
KEY RISK FACTORS IN THE ELDERLY

DEPRESSION
- CDC 20% > 55 yrs have mental health issue.
- Men ≥50 more likely to report “rarely” or “never” received support they needed

CHRONIC PAIN
MULTIPLE CHRONIC ILLNESSES
PHYSICAL DISABILITY
DIMINISHED COGNITIVE & EXECUTIVE PERFORMANCE
SOCIAL ISOLATION
BEREAVEMENT
FINANCIAL PROBLEMS
ADJUSTMENT TO RETIREMENT
MOVING TO RESIDENTIAL CARE

Suicide attempts > 65 yrs often long planned, involve high-lethality methods.
- men ≥ 65 15 X more likely than females to die by firearm suicide
- 74 % of suicides in males ≥ 75 involve firearms
5 Hours daily use of internet & video games - strong association with depression & suicidal ideation & attempts in youth \(^{100,101}\)

S. Korean study (2017) - Adults with severe Internet addiction (IA) suffer from more sleep disturbances & higher risk for lifetime suicide attempts \(^{102}\)
PAINLESS, FAST SUICIDE

WARNING: This shit is going to kill you. Don't use this if you're just pretending to kill yourself for attention. Suicide is a permanent solution to what may very well be a temporary problem. This should only be used as a last resort.

DOUBLE WARNING: Don't turn the tank on full blast. It can cause barotrauma (burst lung) and be extremely painful. It is unlikely a disposable tank has that kind of pressure, but it's better to be safe. The pressure coming out of the tank should be comparable to the pressure of your exhale.

SUPPLIES:

- CPAP tubing
  - $6 - amazon.com
- Helium tank
  - $45 - amazon.com
- CPAP MASK
  - $50 - amazon.com

You will also require something to fasten the CPAP tube to the helium tank. It must be air-tight and not fall off. Plumbers putty, hot glue, rubber cement, anything will work for an air-tight seal. Use duct tape or something to ensure it does not come loose.

DIRECTIONS:

Attach the tubing to the mask. Place the mask over your face and tighten the straps. Make sure no air enters from anywhere other than the tubing. Remove mask.

Ensure helium tank is functional and full. Attach the other end of the tubing to the tank and make sure it is an air-tight seal. Make sure it is secure and will not be pulled out. Place the tank close to where you will commit suicide, on a flat surface so it does not get knocked over or roll away.

Turn the tank on. The helium should be coming out in a gentle flow. Blow out slowly with your mouth and compare it to the helium airflow. Get it as close as possible. Read the warnings if you have not already.

Lay down next to the tank and place the mask over your head, tightening straps as before.

FUN FACT: Helium is not poisonous. Helium is not flammable or dangerous in any way. It acts as a simple asphyxiant. That means that it replaces the oxygen you usually breathe in, making you suffocate. After it exits the mask, it quickly dissipates in the air, making it completely harmless to anyone who would discover your body.

FUN FACT: Helium “exit bags” are becoming a very common method of suicide.

YOUR BODY DOES NOT KNOW THE DIFFERENCE BETWEEN HELIUM AND OXYGEN. THIS METHOD IS COMPELY PAINLESS.
“Suicidal behavior by additional people that is influenced by a previous attempt or completion.”
Imitation risk highest in adolescence

Risk higher when suicide deaths are sensationalized, romanticized

Media exposure “may make other youth desire to be cared about or spoken about in the same way, seeing if they would attain the same reaction if they were to pass. It’s almost like a popularity contest.

Giving a suicidal person too much attention in the media may encourage suicide instead of being translated into awareness and prevention.”

Sonja A. Swanson, Ian Colman Association between exposure to suicide and suicidality outcomes in youth CMAJ 5212913
The suicide danger for veterans can also be expressed as the increase in risk over nonveterans. That increase varies by age group and gender.

**Women**
For the youngest women, veterans are 11.5 times more likely than nonveterans to commit suicide. In other age groups, their rates remain elevated.

**Men**
The differences are less dramatic for men, tapering off after age 50.

Source: U.S. Department of Veterans Affairs

*Suicide among veterans and other Americans 2001-2014,* VHA Office of Suicide Prevention, August 3 2016, page 16, Fig 8.
Veterans

Physical and Mental health challenges
- Traumatic brain injury - hopelessness there is no treatment
- Physical Disability
- 50-60% deployed return with chronic pain
- PTSD, Depression - underdiagnosed, not treated due to mental health stigma

Substance abuse disorders
- Drug & alcohol abusers 2x as likely to die by suicide as comrades, women 5x higher
- Mental health disorders and PTSD 3x more likely to receive opioids for pain (2012)
- 2016 new VA guidelines limit opioid prescribing, quantity, duration, for treatment of chronic non-cancer pain.
- Veterans with pain poorly monitored withdrawal, heroin use, suicide
- Poorly integrated care between VA & private sector may lead to overprescribing

Difficulty transitioning to civilian life
- Overwhelmed by daily challenges of finding a job, buying a home and supporting a family
- Loneliness, feelings of disconnect after months of comraderie with troops
European study 81% adults supported screening on in-patient medical unit

Suicide as a Sentinel Event – 1995-2005 #1 (6% suicide deaths), 2016,2017 #4

JC - greatest clinical root cause of inpatient suicide is a failure in clinical assessment.

60% RISK NOT ASSESSED or RISK LEVEL NOT ACCORDED APPROPRIATE PRECAUTIONS

Suicide prevalence highest in psychiatric hospitals, followed by psychiatric units in general hospitals, medical-surgical units, and residential care facilities, such as nursing homes
irritability, increased anxiety, agitation, impulsivity, decreased emotional reaction, refusing to eat, and refusing visitors

- More engage in suicide attempts shortly after admission, use violent methods for suicide, die by suicide at night, & have physical diagnoses, vs psychiatric inpatients

- Patient Characteristics
  - Less likely to communicate suicide-related thoughts
  - Delirium and/or dementia with agitation and impulsivity
  - Overwhelmed by chronic or newly diagnosed illness
  - Older males
  - Poor relationships with staff and family members,
  - History of divorce, bereavement, loneliness, loss of function,
  - Loss of financial independence (e.g., Unemployment),
  - Poor prognosis and/or the prospect of certain death
SUICIDE SCREENING OR RISK ASSESSMENT

- UNIVERSAL SCREENING FOR SUICIDE - everyone in a population regardless of whether he/she are thought to be at a higher risk than the average person.

- SELECTIVE SCREENING FOR SUICIDE - group that research has shown to be at a higher than average risk for suicide, regardless of whether particular members of that group are displaying any warning signs of elevated risk.

- SUICIDE RISK ASSESSMENT some indication that an individual is at risk for suicide.
  - Identified by a suicide screening or clinician concern
  - Best done by trained mental health professional
  - Assess level of risk, make a plan to keep the person safe
SAFETY PLAN - a written list of coping strategies & sources of support for people who are at high risk for suicide with strategies to be used before or during a suicidal crisis

- **When** the plan should be used – warning signs
- **Who** you can talk to
- **Who** you can talk to if you need professional assistance
- **How** you can make your environment safe
- **What** you can do to calm/comfort yourself when you are feeling suicidal
  - Create a list for yourself of all your reasons for living
- **What** you can do if you are still not feeling safe - name and address of your nearest hospital emergency department or telephone crisis line

It is NOT a contract; contracts do not work
FAMILY MEMBERS NEED TO KNOW ABOUT SUICIDE RISK
Focus on observed behaviours, shared concerns to help them understand

Youth Suicide Prevention for Parents

WHAT TO KNOW, WHAT TO DO.

EDUCATE • ADVOCATE • PREVENT

Sharing Kindness
Promoting social-emotional learning and suicide awareness
All health care organizations identify, develop and integrate comprehensive behavioral health, primary care and community resources to assure continuity of care for individuals at risk for suicide.

Guidance on preventing suicide in inpatient psychiatric units, general acute inpatient settings, and emergency departments.

VALIDATED, STANDARDIZED SCREENING TOOLS
Suicide decedents more likely than age- & sex-matched controls to interact with health care system in the outpatient, inpatient, & ED settings in the month & year before death. 43,156,157,158,159,160, 186,187,188

- >80% of people who died by suicide had a health care visit in prior 12 months 152
- 10% emergency department visit in prior 60 days 194
- 45% of people who died by suicide had a primary care visit in the month before death 153
- Canadian study- 80% of youth who died by suicide visited a PCP, ED, or had inpatient medical hospitalization within 3 months prior to death. (2013) 161
- 19% of people who died by suicide had contact with mental health services in the month before death 153

Strong support from adolescent patients & parents for screening for suicide risk in emergency department 163,164,165

No harm in screening for suicide 166

Studies of screening in primary care, ED, & urgent care - 12-18% of adolescents at risk for suicide. 167, 168, 169, 170, 171, 172, 173,174,175
AAP RECOMMENDATIONS

- Ask about risk factors,
- Use depression screening tools
- Be aware of risks & benefits of antidepressants
- Be involved after referral. Treat medical & psychological needs of the patient & work with families & other healthcare professionals on the follow-up.
- Implement lethal means counseling
- Be knowledgeable about local resources including local hospitals with psychiatric units, crisis hotlines, & intervention centers. Create a list with names & contact information to give to patients & families as needed.
- Consider additional training on diagnosing & managing adolescent mental health issues
Recommended Standard Care for People with Suicide Risk: MAKING HEALTH CARE SUICIDE SAFE
April 2018

- Feasible, practical, evidence-based actions for primary care, behavioral health, & emergency department settings
- Health care organizations can adopt immediately
- Informed by the most relevant and robust suicide prevention research available

- Screening patients to identify who is at risk;
- Assessing patients’ level of suicide risk;
- Create safety plans with patients including how they will reduce access to lethal means
- Completing caring contacts – following up with patients by phone, email, or text within 48 hours of their health care visits.

http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Action%20Alliance%20Recommended%20Standard%20Care%20FINAL.pdf
AMERICAN FOUNDATION FOR SUICIDE PREVENTION GOAL
REDUCE SUICIDE 25% BY 2025

- Health care workers detect patients at risk of suicide, provide short-term interventions, & connect at-risk patients with better long-term follow-up care.
- Improve ED screening & short-term interventions, transitions & follow-up care
- Work with gun retailers, shooting ranges, & gun owners to develop educational programs & materials to inform firearms community about suicide prevention

ZERO SUICIDE INITIATIVE GOAL REDUCE SUICIDE TO ZERO

- Belief that suicide deaths for individuals under care within health and behavioral health systems are preventable.
- Toolkits for health care organizations
- Resource materials
National goal - 20% reduction in the annual suicide rate by 2025,

“HEALTH PROVIDERS SHOULD BE ESPECIALLY VIGILANT DURING TIMES OF LIFE TRANSITION SUCH AS CHANGES IN RELATIONSHIP STAGES, LEAVING FOR COLLEGE, RETIREMENT, FINANCIAL INSECURITY, OR THE LOSS OF A LOVED ONE.”

“WE DON’T THINK WE CAN JUST LEAVE THIS TO THE MENTAL HEALTH DISCIPLINE, PREVENTING SUICIDE TAKES EVERYONE; EVERYONE IN THE COMMUNITY CAN HELP BY LEARNING THE WARNING SIGNS.”

-------Anne Schuchat, M.D., principal deputy director of the Centers for Disease Control and Prevention  June 7, 2018
70% of people overall

4 out of 5 teens who attempt suicide have given CLEAR WARNING SIGNS.
Maybe it's time for us to OPEN OUR EYES.
Hearing Impaired
TTY at: 1-800-799-4889

Need Help Now?
TEXT “START” TO 741-741
Crises Text Line has processed over 10 million texts to date!

www.AllianceforSafeKids.org

1-800-273-TALK
www.suicidepreventionlifeline.org
Help is available for you or someone you care about, 24-7

1-800-628-9454
prevenciondelsuicidio.org

RED NACIONAL de PREVENCION del SUICIDIO

Crisis Text Line
Text a trained crisis counselor, 24/7.
Always CONFIDENTIAL.
Always FREE.
Apps to Help Prevent Suicide

#LetsTalk Mobile App
Alliance for Youth app - provide youth with useful and relatable information about mental health and suicide prevention.

SEESAY Teen Suicide Prevention App
Combines real-time crisis intervention with community and social engagement. Supported by crisis services partner, CRISIS TEXT LINE.

"A Friend Asks" App
Provides information, tools & resources to help a friend (or oneself) who may be struggling with thoughts of suicide.

MY3 App
Define personal network and plan to stay safe, build safety plan, access important resources, access National Suicide Prevention Lifeline 24/7.
IF YOU SUSPECT SOMEONE IS AT RISK FOR SUICIDE

- Take it seriously.
- Do not leave them alone.
- Have them call the Suicide Prevention Lifeline: 1-800-273-TALK (8255).
- Help them remove lethal means like firearms and drugs.
- Call or escort them to an emergency room, counseling service, or psychiatrist.
- In an emergency, call 911.

Each who dies leaves behind six or more “suicide survivors.”

Loss through suicide is like no other; grieving can be complex & traumatic.

“Suicide can shatter the things you take for granted about yourself, your relationships, and your world,” Jack Jordan, Ph.D., clinical psychologist in Wellesley, MA and co-author of After Suicide Loss: Coping with Your Grief

- **Traumatic aftermath** – reconstruct psychological trauma of deceased; direct exposure – witness, found body, exposed to death scene; imagined exposure – mental image of death
- **Recurring thoughts** – some develop post-traumatic stress disorder (PTSD)
- **Stigma, shame, & isolation** – stigma of mental illness & suicide, religious condemnation as sin, personal feelings of inadequacy
- **Mixed emotions** – blame, anger, rage, rejection, fear, relief
- **Why?** – search for the answer(s) is central to experience of many
- **“What if” questions** may be extreme & self-punishing
- **High levels of psychological distress, physical disorders**
Helping a Survivor Heal

- Accept The Intensity Of The Grief
- Listen With Your Heart
- Avoid Simplistic Explanations and Clichés
- Be Compassionate
- Understand The Uniqueness Of Suicide Grief
- Be Aware Of Holidays And Anniversaries
- Be Aware Of Support Groups

BEST - FOR SURVIVORS OF SUICIDE LOSS

“A person never truly gets ‘over’ a suicide loss. You get through it, day by day. Sometimes it’s moment by moment.”

— Holly Kohler
Suicide Safe: The Suicide Prevention App for Health Care Providers
Free from SAMHSA for mobile devices and optimized for tablets
https://store.samhsa.gov/product/SAMHSA-Suicide-Safe-Mobile-App/PEP15-SAFEAPP1

Suicide Prevention Toolkit for Primary Care Practices
http://www.sprc.org/settings/primary-care/toolkit
Office protocols, assessment guidelines, safety plans, billing tips, sample templates, a wealth of additional resources,
Toolkit hard copies, pocket guides, orientation, & training are available by contacting WICHE MHP at 303-541-0311 or mentalhealthmail@wiche.edu
COLUMBIA SUICIDE SEVERITY RATING SCALE (SCREENING VERSION)
• Can be administered by lay person
• Differentiates BETWEEN suicidal ideation & behavior
• Version available for pediatric or developmentally delayed patients

ASK SUICIDE-SCREENING QUESTIONS (ASQ)
• 4 questions, ages 10-21 years. <2 minutes to complete
• validated for pediatric and young adult patients
• evaluated in Eds
• Likelihood patients who screened negative are actually not at risk for suicide
  • 99.7% for medical/surgical patients & 96.9% for psychiatric patients

PATIENT HEALTH QUESTIONNAIRE – 2 (PHQ-2)
• First step screen for depression
• Positive requires further screening

ED-SAFE PATIENT SAFETY SCREENER
• 3 questions for adolescents and adults
SUICIDE SCREENING TOOLS

Screening and Assessment for Suicide in Health Care Settings

The Patient Safety Screener (PSS-3): A Brief Tool to Detect Suicide Risk in Acute Care Settings (U of Mass Medical School)
  ➢ https://go.edc.org/PSS-3 (video on use of the tool)

Screening for and Assessing Suicide Risk

Tool for Assessment of Suicide Risk Adolescent Version Modified (TASR-Am)

Suicidal Ideation Questionnaire (SIQ) and (SIQ-JR)
  ► https://www.stoeltingco.com/suicidal-ideation-questionnaire-siq.html

PHQ-9 Modified for Adolescents (PHQ-A)
Geriatric Depression Scale (long form) – multiple languages, short form and long form, 5 question subset on suicidal ideation, iPhone and Android apps, https://web.stanford.edu/~yesavage/GDS.html

Nurses’ Global Assessment of Suicide Risk


LETHAL MEANS REDUCTION RESOURCES

Suicide-Proofing Your Home – Parent’s Guide to Keeping Families Safe
http://suicideproof.org/

Oregon Firearm Safety flyer http://oregonfirearmsafety.org/firearm-safety/

US Dept of Veteran’s Affairs  Lethal Means Safety & Suicide Prevention
https://www.mirecc.va.gov/lethalmeanssafety/index.asp

Means Matter Booklet: an introduction to the relationship between guns and impulsive suicides

Lokitup.org brochure
Resources for Referral

**National Suicide Prevention Lifeline**
1-800-273-TALK (8255) 1-888-628-9454 (En Espanol)
1-800-799-4TTY (4889) VETERANS PRESS “1”
http://www.suicidepreventionlifeline.org
24 Hour – Local Referrals

**Didi Hirsch – Suicide Prevention Hotline**
http://www.didihirsch.org
877-7-CRISIS or 877-727-4747

**San Bernardino County Department of Behavioral Health Access Unit**
1-888-743-1478  Crisis Referrals 24/7

**San Bernardino County Crisis Walk-In Centers**  Rialto (909) 421-9495, High Desert (760) 273-6289
8837, CWIC Morongo Basin (855) 365-6558

**San Bernardino County Community Crisis Response Teams**  W Valley, E Valley, High Desert, Morongo Basin
Resources for Referral

The Trevor Project (LGBTQ) 1-866-488-7386 (toll free hotline)
http://www.thetrevorproject.org

Los Angeles Gay and Lesbian Center 323-993-7400
http://www.lagaycenter.org

TransLifeline 877-565-8860 Transgender suicide and crisis hotline
https://www.translifeline.org/

Asian Pacific Counseling and Treatment Centers 213-252-2100 (Multilingual)
http://www.apctc.org

Teen Line 800-TLC-TEEN (852-8336)
www.teenlineonline.org

The Soldiers Project 877-576-5343
www.thesoldiersproject.org
Resources for training for health care professionals

Washington State Department of Health Model List Online training resources

- 6 hours for suicide assessment, treatment and management - social workers, licensed mental health professionals, nurses, marriage and family therapists, naturopaths, osteopathic physicians/surgeons/physician assistants, physicians and physician assistants, psychologists

- 3 hours for suicide screening and referral - certified counselors and advisers, chemical dependence professionals, chiropractors, occupational therapists and assistants, and physical therapists and assistants.

- 3 hours for suicide screening, referral and imminent harm via lethal means - pharmacists

American Association of Suicidology www.suicidology.org

- Facilitator led training for primary care physicians, primary care providers of youth and young adults, 1.5 CME hours

- one-day training for - MDs, RNs, PAs, and NPs who work in the emergency department.

- Additional training for mental health clinicians, suicide bereavement

- RRSR-ED (Fall 2017) one-day training program for Emergency Department (ED) personnel

Preventing Suicide in Emergency Department Patients (online)
http://training.sprc.org/enrol/index.php

Created by the Suicide Prevention Resource Center at EDC, Inc. funding from the Mass Department of Public Health.
Resources for training for health care professionals

**Joint Commission Evaluating and Responding to Suicide Risk - Tools and Practices for Consideration** Webinar Replay
https://www.jointcommission.org/webinar_replay_evaluating_responding_to_suicide_risk_tools_practices/

**Mental Health First Aid** – course for those who work with adults and youth, not specific to health care providers
www.Mentalhealthfirstaid.org
- Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illnesses and substance abuse disorders in your community - free one day course

**Assessing and Managing Suicide Risk (AMSR): Core Competencies for Behavioral Health Professionals**
http://www.sprc.org/training-events/amsr
- 6.5 hr training with credits for social workers, psychologists, counselors, physicians

**Los Angeles County Department of Mental Health Partners in Suicide Prevention**
http://dmh.lacounty.gov/wps/portal/dmh/our_services/services_detail/?current=true&urile=wcm:pat h:dmh+content/dmh+site/home/our+services/our+services+detail/partners+in+suicide+prevention
- California Board of Behavioral Sciences, Clinical Psychologists, California Board of Registered Nursing, Certification for Alcohol and Drug Abuse,
Useful books for those surviving a suicide loss

**American Foundation for Suicide Prevention**
Suicide Loss, Survivor’s stories, Helping Children, For Adolescents and Teenagers, For Men, For Clinicians, Poetry

**Survivors of Suicide Loss Support Group**
http://www.sosmadison.com/books

**Alliance for Hope Bookstore**
http://astore.amazon.com/a062b770-20
Survivors Support Groups

Didi Hirsch Mental Health Services Survivors After Suicide Groups 310 895-2326
http://www.didihirsch.org/survivors-after-suicide
West LA, San Fernando Valley, South Bay, San Gabriel Valley, Orange County, Ventura County
http://www.suicide.org/support-groups/california-suicide-support-groups.html
Referral to Groups in California

American Foundation for Suicide Prevention Search by location
https://afsp.org/find-support/ive-lost-someone/find-a-support-group/

Online support groups
Alliance of Hope for Suicide Loss Survivors
http://www.allianceofhope.org/alliance-of-hope-for-suic/welcome.html
Open to Hope
http://www.opentohope.com/
Survivors of Suicide Loss
http://www.sosmadison.com/
Resources for Suicide Attempt Survivors

Didi Hirsch Mental Health Center Survivors of Suicide Attempt Support Group
ssilverstein@didihirsch.org  (310) 895-2347
>18 years, LA & Orange Counties

International Association for Suicide Prevention
http://www.iasp.info/resources/Suicide_Attempt_Survivors/

Lifeline for Attempt
http://lifelineforattemptsurvivors.org/connect-to-resources/
General Resources

State of California Department of Health Care Services-Suicide Prevention Program (SPP)
http://www.dhcs.ca.gov/services/MH/Pages/SuicidePrevention.aspx

Los Angeles County Department of Mental Health Partners in Suicide Prevention Team for Children, Transition Age Youth (TAY), Adults and Older Adults
http://dmh.lacounty.gov/wps/portal/dmh/our_services/services_detail/?current=true&urile=wcm:path:/dmh+content/dmh+site/home/our+services/our+services+detail/partners+in+suicide+prevention

National Strategy for Suicide Prevention: Goals and Objectives for Action, 2012
A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention

American Association of Suicidology
http://www.suicidology.org/
promotes research, public awareness programs, public education and training for professionals and volunteers. AAS also serves as a national clearinghouse for information on suicide.
American Foundation for Suicide Prevention
https://afsp.org/
provides information about suicide, support for survivors, prevention, research and more

Suicide Prevention Resource Center
http://www.sprc.org/
fact sheets on suicide by state, by population characteristics, many other subjects

Zero Suicide
http://zerosuicide.sprc.org/
Initiative for suicide prevention in health and behavioral health care systems

Action Alliance for Suicide Prevention
http://actionallianceforsuicideprevention.org/
The public-private partnership

National Alliance on Mental Illness (NAMI)
www.nami.org

American Academy of Adolescent and Child Psychiatry
www.aacap.org

Substance Abuse and Mental Health Services Administration
https://www.samhsa.gov/
Resources on the LGBT population, suicide prevention, mental and substance abuse disorders, & more
Michael Arthur Igdaloff
October 3, 1988 – March 9, 2015
Please wake me from this nightmare, it’s just too hard to bear.
Let me be able to hug my brother one more time to show him that I care.
I try not to be angry, I’m trying to understand.
Did we even cross your mind before you followed through with your plan?
I can’t wait to close my eyes at night to sleep away the pain.
But when morning comes and I wake it all comes flooding back again.
I imagine this is maybe a glimpse of the pain that made you break.
To make you choose to go to sleep one day never to awake.
Why couldn’t you come to me? I would have tried to help.
You didn’t have to suffer like this all by yourself.
You deserved so much better, I wish you could’ve seen
All the love that surrounded you and people on your team.
You used to be my shadow. Be involved in all I did.
You used to be my other half, a smart-ass quirky kid.
A proud big sister, quickly I became.
I wanted to protect you and help you find your way.
I'm sorry if I failed you, I gave you too much space.
Now I'm left with a hole in my heart that can never be replaced.
Forgive me for getting caught up in my own life and things going on.
I feel like I looked away for a minute, turned back and you were gone.
You will forever be a reminder of how quickly life can change.
This gives me realization of priorities that need to be rearranged.
It makes me sad to think of all that you will miss.
There was so much life left to be lived, it's not supposed to be like this.
Your precious nephew is my only saving grace.
He helps take away the sting of the pain with every smile on his face.
If only you could see him now, he's growing up so fast.
I know he'd make you happy and even make you laugh.
Too smart for your own good, your future was so bright
At the end of all this darkness there has to be some light.
You strived for a perfection one could argue doesn't exist.
With expectations so high, you aimed to hit hard and were devastated when you missed.
You had a gentle, kind and generous soul.
But let’s not forget when I was wrong, you didn’t hesitate to let me know.
Who else is going to make me eat weird and unknown things?
Take me out of my comfort zone to see what the next course brings.
I’m so happy that you found your passion for food and wine.
It seemed that you found your home in a New York state of mind.
But now I’ll never be able to look at New York quite the same.
And you know I can’t navigate the subway without you anyway.
I try to think of all the good memories to help me push through and be strong.
I cherish what we shared together and use that as fuel to carry on.
But please don’t fault me for when I am weak.
When I need to cry and fall to my knees.
Instead help me to feel your presence and strength.
Help me know you’re at peace and guiding the way.
My baby brother there will always be
A part of you that lives on in me.
I want you to be alive
I want you to be alive
You don't gotta die today
You don't gotta die
I want you to be alive
I want you to be alive
You don't gotta die
Now lemme tell you why