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“The moment one inquires about the sense of value of life, one is sick.”

Sigmund Freud
Epidemiology

US Suicide Data (2004)

- Annual rate is 11.1 suicides per 100,000
- >32,000 deaths annually
- 15th leading cause of death overall
- 3rd leading cause of death at ages 10-24

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Rate (per 100,000)</th>
<th>% of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Population</td>
<td>32,439</td>
<td>11.1</td>
<td>1.4</td>
</tr>
<tr>
<td>Male</td>
<td>25,566</td>
<td>17.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Female</td>
<td>6,873</td>
<td>4.6</td>
<td>0.6</td>
</tr>
<tr>
<td>White</td>
<td>29,251</td>
<td>12.3</td>
<td>1.4</td>
</tr>
<tr>
<td>Black</td>
<td>2,019</td>
<td>5.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Nonwhite</td>
<td>3,188</td>
<td>5.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Elderly (&gt;65 yrs)</td>
<td>5,198</td>
<td>14.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Young (15-24 yrs)</td>
<td>4,316</td>
<td>10.4</td>
<td>12.9</td>
</tr>
</tbody>
</table>
# US Suicide Statistics

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>23,081</td>
<td>19.6</td>
</tr>
<tr>
<td>White Female</td>
<td>6,170</td>
<td>5.1</td>
</tr>
<tr>
<td>Black Male</td>
<td>1,655</td>
<td>9.0</td>
</tr>
<tr>
<td>Black Female</td>
<td>364</td>
<td>1.8</td>
</tr>
<tr>
<td>Nonwhite Male</td>
<td>2,485</td>
<td>9.3</td>
</tr>
<tr>
<td>Nonwhite Female</td>
<td>703</td>
<td>2.4</td>
</tr>
</tbody>
</table>
Prevalence Rates for Subpopulations

• Age: Highest rates among elderly
• Gender: Men complete suicide 3-4x more often than women; however, women attempt suicide 3x more often than men
• Race: Whites have highest rate; African Americans the lowest
• Region: Highest rates in Mountain States (inc Alaska)
Prevalence Rates for Subpopulations

**Profession**

- Highest rates for professions that deal with death and violence, and that have access to lethal means
  - Physicians (men & women: 38/100,000)
  - Police officers
  - Military personnel
Methods for Subpopulations

Completed Suicides

• Firearms most common method for men and women in the U.S. (57%)
• Hanging second most common for men
• Toxic ingestion (poison, drug overdose) second most common for women
Lethality of Means

Most Lethal 90%  Firearms
70%  Falls
50%  Hanging
10%  Ingestion

Least Lethal <1%  Cutting

M. Jibson
Recent Trends and their Public Health Implications

- Increases among young and women
- Increases in suicide by firearms
Suicide Rates for Various Nations

- U.S. has a moderate suicide rate relative to other nations
- Hungary has the highest rate; Finland, Denmark, Austria, Switzerland, France, Japan, Norway, among others, also have higher rates than the U.S.
- Italy, Ireland, England, Portugal, Spain, Israel, Greece, Venezuela, among others, have lower rates than the U.S.
Previous Attempt and Help Seeking Histories

• 30-40% of completers have attempted suicide before

• Nearly two-thirds of suicide completers communicated their suicidal intentions to others (including to health-care providers)

• Most suicide attempters are able to experience a reduction in suicidality and a return to full function
Clinical Risk Factors

Mental/Psychiatric Disorders

• Depression
• Alcohol/Drug Abuse
• Schizophrenia
• Other Psychiatric Disorder
Depression

- >50% clinically depressed at time of suicide
- Nearly 15% of persons with significant mood disorders will commit suicide
- Depression is genetically predisposed, and there is a strong link between depression and suicide
- Suicide can occur in all phases of depressive episode
- Risk may be highest during early recovery phase
Alcoholism/Drug Abuse

- Nearly one-third of suicides occur in persons with chronic alcoholism
- 2-4% of chronic alcoholic patients commit suicide
- Positive blood alcohol levels are found in 30-40% of suicides
Schizophrenia

• 5-10% of schizophrenic patients commit suicide
• In general population studies, schizophrenia accounts for 5% of suicides
Other Disorders

• Other mental disorders increase risk to 5-10%
• Serious physical illness increases risk
Social Isolation/
Interpersonal Loss or Conflict

• Among alcoholics who commit suicide, 50% have a history of interpersonal loss within previous year

• Suicide more common among divorced, widowed, and single/never married than among married
Social Isolation/
Interpersonal Loss or Conflict

• Among adolescents & young adults, interpersonal conflict and disciplinary or legal problems often precipitate suicide
  • Break-up with boyfriend or girlfriend
• Hopelessness regarding a dilemma, especially with the prospect of public humiliation
  • Failing class but don’t dare drop out
  • Sexual impropriety about to come to light
Suicidal Indices

Suicidal Ideation

• Passive – no plan or intent
  • I wish I were dead
  • I wish I could just go to sleep and not wake up

• Active – specific plan and intent to act
  • Intrusive and obsessional vs
  • Researched and thought out
Suicide Indices

• History of attempts (esp if highly lethal)
  • Highest predictive value in past 2 months
• Suicide rehearsals or preparation
  • Counting pills
  • Holding gun
  • Checking out high places
Suicide Indices

• Final arrangements
  • Will
  • Suicide note
  • Giving away possessions
Current Mental Status

- Hopelessness
- Acute agitation
- Intoxication
- Psychosis (especially with command hallucinations or delusions)
# Summary of Risk Factors

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Psychiatric</th>
<th>Mental Status</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older</td>
<td>Depression</td>
<td>Suicidal ideation</td>
<td>Medical Illness</td>
</tr>
<tr>
<td>White</td>
<td>Substance abuse</td>
<td>Hopeless</td>
<td>Recent losses</td>
</tr>
<tr>
<td>Male</td>
<td>Psychosis</td>
<td>Agitated</td>
<td>Intractable dilemma</td>
</tr>
<tr>
<td>Living alone</td>
<td>Other psychiatric</td>
<td>Command hallucinations or delusions</td>
<td>Prospect of public humiliation</td>
</tr>
<tr>
<td>Not working</td>
<td>disorders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Availability and Lethality of the Means | Firearms>Falls>Hanging>Ingestion>Cutting |

M. Jibson
Clinical Assessments/Interventions

General Principles of Intervention

• Recognize the "cry for help" or the expressed suicidal ideation/intent
• Ask questions in an objective, straightforward, nonjudgmental manner
• Assess depression, substance abuse, impulsivity, and psychosis
• Ask specifically about availability of firearms
Clinical Assessments/Interventions

General Principles of Intervention

• Do not alienate the patient with sarcasm, ridicule, or disbelief
• Do not minimize their perceived problems
• Talk calmly and openly about problems
• Convey a sense of hope; counteract hopelessness
Clinical Assessments/Interventions

General Principles of Intervention

• Always seek corroborative information
  • Family and friends
  • Outpatient mental health providers

• Ask the tough questions that need to be asked
  • What will keep this from happening again?
  • What is be different now?
Clinical Assessments/Interventions

Clinical Decision Making

• Gather as much information as possible
• Carefully assess the risk and protective factors
• Discuss the case with another clinician
• Establish limit-setting on self-destructive behavior
Clinical Assessments/Interventions

Clinical Decision Making

• Assess and discuss reasons for living
• Involve family or friends whenever possible
• Convey knowledge that depression (or other treatable condition that is present) is treatable
Clinical Assessments/Interventions

• Hospitalize if:
  • An attempt is clinically serious
  • Risk factors suggest high risk
  • There is no established outpatient care
  • There is a discrepancy between the patient’s story and other information
Clinical Assessments/Interventions

• Consider outpatient care if:
  • Risk is relatively low
  • Stressors can be immediately addressed
  • The patient already has a mental health provider
  • Other safeguards can be implemented (eg, family support)
  • Suicide threats or attempts are repeatedly used to communicate distress or manipulate others
Myths

• People who talk about suicide won't commit suicide
• People who want to commit suicide won’t tell you
• Suicide happens without any warning
• All suicidal persons are "insane"
• Suicide stems from a single mental disorder
• Asking about suicide "plants" the idea in the patient's mind
Additional Source Information
for more information see: http://open.umich.edu/wiki/CitationPolicy

Slide 12: Michael Jibson
Slide 27: Michael Jibson