McLean
HARVARD MEDICAL SCHOOL AFFILIATE

Suicide

Myths, Realities, and What We Can Do to Help

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Overview

- Over 41,000 suicides in US in 2014 - only leading cause of death trending up in past decade
- 2nd leading cause of death for ages 15-35, 10th for all ages
- More die by suicide than by motor vehicle accident or by homicide (2:1)
- More have recently seen PCP than mental health professional

"Experiential" aspect of suicide

- Wish to *escape* from unbearable anguish, desperation
- Can feel intolerable and interminable – no beginning, middle, or end
- Risk of suicide as "solution" if feel there is no other way out
- Sometimes a "small" thing can tip the balance

"Suicide can be predicted with a thorough evaluation"

- **FALSE**
  - Clinicians can do a "suicide risk assessment"
  - ***Not*** a check list or equation
  - ***Is*** a cognitive assessment weighing multiple static and dynamic factors to make a reasonable, thoughtful assessment of patient's immediate and longer term risks and needs
  - ***Not*** prediction: some at "low risk" complete suicide, many at "high risk" do not

Suicide Risk Assessment

- Risk Factors
- Mitigating (“protective”) factors
- Communication of suicidality – direct, indirect
- Preparations/rehearsal
- Available means
- Current clinical condition

Risk Factors - Psychiatric Illness

- *All* major psychiatric disorders increase risk
- Especially depression (unipolar, bipolar, mixed states)
- Depression with psychotic features is highest risk
- Concurrent ETOH/drug abuse (3)
- Personality disorders – BPD, antisocial personality d/o

Risk Factors - SUDs

- Heavy alcohol consumers at 5x risk of suicide c/w social drinkers
- Heroin use disorder – suicide 5-10% of deaths
- Chronic pain and opioid use – increased risk, especially if misuse of opioids
- Suicide rates are likely underestimated in overdose deaths

Connery and Rockett, Addiction, Overdose and suicide, PCSS-O Training webinar, 2016

Risk Factors

- Gender: Male > female
  - Women more attempts, men 3-4x more completions
  - Men are more likely to use lethal means (firearms, hanging)
- Race: Native American, Alaskan Native > White > non-Hispanic blacks, Asian, Hispanic
- FH of completed suicide *or* suicide attempts

Risk Factors

- Adverse events – *experienced* as devastating
- Physical illness, chronic pain
- Decrease in social support/connectedness
  - Marital status – widowed, divorced, single
  - Work status: unemployed, retired
  - Living situation: alone, social isolation

Exposure and Suicide Clusters

- Exposure especially important for adolescents/young adults
- Social modeling, making it more acceptable solution
- Up to 20% of adolescents have a friend who made a suicide attempt
- Friends of suicide attempters may already be vulnerable
- How suicide/attempts are discussed can make big difference

Bullying and Cyberbullying

- 20-30% of school children report frequent involvement as victims or bullies, similar for cyberbullying (2010)
- Both victims *and* perpetrators at increased risk for suicidality, and “bully-victims” may be at highest risk

Risk Factors - Firearms

- More than 50% of all suicides in US, more than all other methods combined
  - Less frequent in MA (24% male/11% female)
- Suicide rate by state tracks with rate of gun ownership, independent of other variables
- Having gun in home increases risk for everyone, including *children*
- Safe storage mitigates risk to some degree

Risk Factors - Firearms

- Near lethal attempts often impulsive
  - 24% < 5 minutes
  - 48% < 20 minutes
  - 70% < 1 hour
- Firearms – quick and deadly (85%)

Clinical Risk Factors - Symptoms

- Depression + psychotic features
- SUDs – especially ETOH, opioids, opioid misuse + chronic pain
- Hopelessness
- Anxiety/agitation
- Sleep disturbance – severe insomnia, frequent nightmares

Mitigating ("Protective") Factors

- Positive relationships, including therapeutic
- Belief in capacity to cope
- Concern for family/children, others
- Sense of "belongingness"
- Active religious involvement
- Moral/spiritual beliefs
- Suicide as "unacceptable" option

"If you stop someone from killing themselves one way, they'll probably find another"

FALSE

- Many suicidal acts are *impulsive*
- Availability of lethal means makes suicide completion more likely
- "Means restriction" works - most do *not* find other methods

"Asking a depressed person about suicide may put the idea in their heads"

- **FALSE**
  - Does *not* suggest suicide, or make it more likely
  - Open discussion more likely relief than intrusion
  - Risk is in *not* asking when appropriate
  - "Last straw" phenomenon

"There's no point in asking about suicidal thoughts…if someone is going to do it they won't tell you"

- **FALSE**
  - *Ambivalence* is characteristic
  - Contradictory statements/behavior not uncommon
  - Many *will* tell clinician when asked – often a *relief*
  - Many give some hints/warnings to friends or family, even if don't tell clinician

"Most suicides are out of the blue, without warning"

FALSE

- Most *do* communicate - direct/indirect
- Important to take any communication seriously, and inquire

"The people who talk about suicide are not the ones who do it"

FALSE

- Most who are suicidal are ambivalent – talking about it so that someone might help
- While some complete suicide without any prior communication, generally "the talkers are the doers."

Warning Signs

- Suicidal or self-harming behavior
- Feeling/appearing hopeless
- Talking about wanting to die
- Indirect communication (e.g., texts)
- Appearing to “give up”
- Withdrawal from family, friends
- Increasing use of drugs/ETOH

"If someone kills himself, he must have had a major mental illness"

FALSE

- Most with severe mental illness do not kill themselves
- Psychological autopsy studies: >10% of completions in absence of diagnosable mental illness
- Some may be vulnerable to suicidal states, but only under certain stressors (e.g., person whose self-esteem is based on success suffers sudden bankruptcy)

"Suicide is really an older white male problem"

- **FALSE**
  - In past decade, suicide in "middle aged" (35-64) has increased greatly, almost 50% for ages 50-59
  - This is now highest risk age group
  - Older white males still highest rates (esp > 85)
  - Rate for women much lower than men, but rates for middle aged women have risen faster (60-65)

He would never kill himself, because…

- He has so much to live for
- He has young children at home
- He has such a loving family
- He just paid for his upcoming vacation
- He loves his dog
- He has so many friends

He would never kill himself, because…

FALSE (*may* be true)

- These are all mitigating ("protective") factors, but they can be overwhelmed by suicidal despair
- Thinking gets very constricted, often not rational
- People often feel that they are a burden

"She has tried so many times, she doesn't really mean it"

- **FALSE**
  - Even low lethality self-harm increases suicide risk
  - "Gestures" vs. "non-suicidal self injury" or "deliberate self harm"
  - Greater number of past attempts → increased risk of eventual suicide

"Suicide risk is low in the absence of a prior attempt"

FALSE

- A previous suicide attempt is one of the strongest risk factors
- However, is estimated that about two thirds of suicides occur on the first attempt

"A person who wants to commit suicide is probably going to do it eventually"

- **FALSE**
  - >90% of those who make serious suicide attempts do *not* go on to kill themselves
  - Includes even most serious attempts, such as attempt to jump off Golden Gate Bridge
  - Most chronically suicidal patients do not go on to kill themselves
  - *If we can help person through suicidal crisis, this may be life saving*

"A lot people have suicidal thoughts at some point in their lives"

TRUE

- Range of suicidal thoughts:
  - Passive suicidal ideation (e.g., "I wish I were dead, would disappear", etc.)
  - Specific thoughts but no intent
  - Specific thoughts with *some* intent
  - Suicidal plan/intent/means

"A lot people have suicidal thoughts at some point in their lives"

TRUE

- "Passive" suicidal thoughts are a common human experience
- College students:
  - > 50% had thought about suicide at some point in life
  - 15% had seriously considered attempting it
  - > 5% had made an attempt

"My friend just lost a family member to suicide, but I don't feel like I shouldn't intrude by saying anything"

FALSE

- "Survivors" of suicide experience catastrophic grief
- Avoidance by others deprives *everyone* of human healing connection

"Suicide can be prevented"

TRUE…

- Much we *can* do to prevent suicide
  - Careful risk assessment
  - Treatment of depression and modifiable risk factors
  - Taking steps to intervene when needed, including hospitalization

"Suicide can be prevented"

But also **FALSE**

- Can't predict, so can't *always* prevent
- Some are able to conceal, others act impulsively
- 5% of suicides happen *in the hospital*
- Every suicide is *not* someone else's failure – family, friends, clinicians

"We all have a role in suicide prevention"

TRUE

- Doctors, teachers, friends, family
- Taking depression, life crises seriously
- Not dismissing warning signs, statements
- Willingness to ask, even if uncomfortable
- Suggesting, facilitating professional help, and trying to *ensure* it when necessary

Resources

- http://www.who.int/mental_health/suicide-prevention/myths.pdf
- AFSP website: https://afsp.org/