
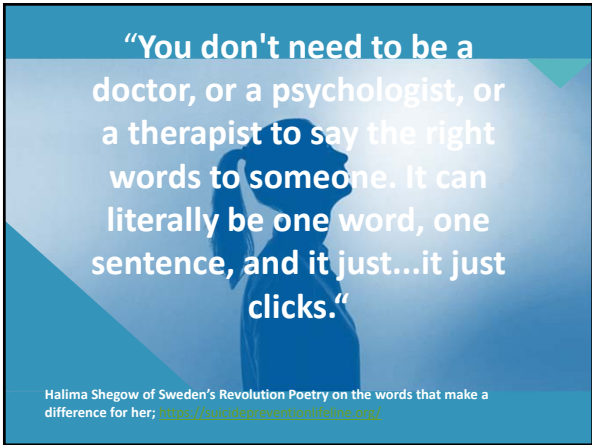


Suicide in the Biomedical Research Community: What Can We Do To Help?

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“You don't need to be a doctor, or a psychologist, or a therapist to say the right words to someone. It can literally be one word, one sentence, and it just...it just clicks.”





Halima Shegow of Sweden's Revolution Poetry on the words that make a difference for her; <https://suicidepreventionlifeline.org/>

Why Study Suicide?

- Suicide is a major public health concern. Suicide is among the leading causes of death in the United States. Based on recent nationwide surveys, suicide in some populations is on the rise.
- Somewhere between 800,000 and 1,000,000 people are estimated to die from suicide each year across the world.
- According to the [Centers for Disease Control and Prevention \(CDC\) WISQARS Leading Causes of Death Reports](#), in 2017: Suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 47,000 people.

Source: National Institutes of Health Mental Health Information Statistics – Suicide






Some Definitions

- Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- Suicidal ideation refers to thinking about, considering, or planning suicide.


Source: National Institutes of Health Mental Health Information Statistics – Suicide



Some Statistics

- Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.
- There were more than twice as many suicides (47,173) in the United States as there were homicides (19,510).
- Suicide rates have been rising in the US over the last 2 decades.
- The latest data available (2018) show the highest age-adjusted suicide rate in the US since 1941.
- Suicide greatly impacts society because the families left behind suffer great trauma and distress.
- Research shows that even brief interventions, conducted by a single individual, can be effective in lowering suicide rates.

Stephanie K. Dougnik, MD, MSHPE^{1,2,3}; Brittany Rudd, PhD^{2,3}; Timothy Schmutte, PhD²; et al; Diana Worsley, MPH¹; Cadence F. Bowden, MSW, MPH¹; Erin McCarthy, MD¹; Elliott Eagan, MD^{1,2}; Jeffrey A. Bridge, PhD²; Steven C. Marcus, PhD^{2,4}
 JAMA Psychiatry. Published online June 17, 2020. doi:10.1001/jamapsychiatry.2020.1586



National Suicide Data - 2018

	Number	Per Day	Rate	% of Deaths
<i>Nation</i>	48,344	132.4	14.8	1.7
<i>Males</i>	37,761	103.5	23.4	2.6
<i>Females</i>	10,583	29.0	6.4	0.8
<i>Whites</i>	42,875	117.5	16.8	1.8
<i>Non-Whites</i>	5,469	15.0	7.5	1.2
<i>Blacks/African American</i>	3,254	8.9	7.0	0.9
<i>Older Adults (65+)</i>	9,102	24.9	17.4	0.4
<i>Young (15-24)</i>	6,211	17.0	14.5	20.6
<i>Middle Aged (45-64)</i>	16,885	46.3	20.1	3.1

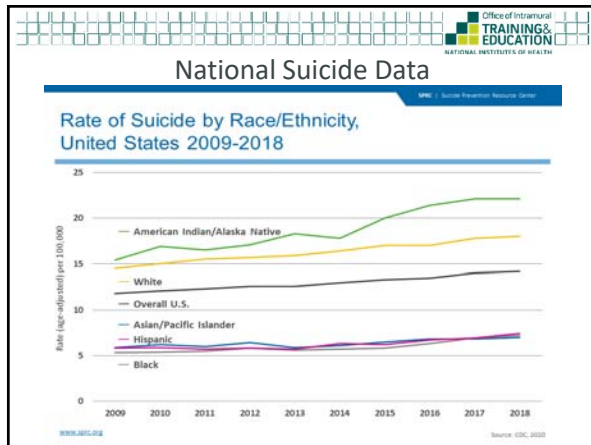
Drapeau, C. W., & McIntosh, J. L. (for the American Association of Suicidology). (2020). U.S.A. suicide: 2018 Official final data. Washington, DC: American Association of Suicidology, dated February 12, 2020, downloaded from <http://www.suicidology.org>.

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National Suicide Data (Rate per 1000 Population)

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
5-14	0.5	0.6	0.7	0.7	0.8	1.0	1.0	1.0	1.1	1.3	1.5
15-24	9.9	10.0	10.5	11.0	11.1	11.1	11.6	12.5	13.2	14.5	14.5
25-34	13.2	13.1	14.0	14.6	14.7	14.8	15.1	15.7	16.5	17.5	17.6
35-44	15.9	16.1	16.0	16.2	16.7	16.2	16.6	17.1	17.4	17.9	18.2
45-54	18.6	19.2	19.6	19.8	20.0	19.7	20.2	20.3	19.7	20.2	20.0
55-64	16.0	16.4	17.5	17.1	18.0	18.1	18.8	18.9	18.7	19.0	20.2
65-74	13.6	13.7	13.7	14.1	14.0	15.0	15.6	15.2	15.4	15.6	16.3
75-84	16.1	15.8	15.7	16.5	16.8	17.1	17.5	17.9	18.2	18.0	18.7
85	16.4	16.4	17.6	16.9	17.8	18.6	19.3	19.4	19.0	20.1	19.1

Drapeau, C. W., & McIntosh, J. L. (for the American Association of Suicidology). (2020). U.S.A. suicide: 2018 Official final data. American Association of Suicidology, dated February 12, 2020, downloaded from <http://www.suicidology.org>.



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Suicide Rates Around the World

- It's important that we do not ignore the cultural lens through which we all interact with the world. Taking into consideration that trainees will have their own belief system about mental health and seeking mental health services.
- Trainees who travel far from home to attend training and educational programs, may feel socially and culturally isolated.
- Any type of adjustment and isolation can exacerbate problems that might in turn become more serious.
- It's important to do our part to make sure there are programs available to students and trainees so that they have a resource on campus.

Suicide rates are typically reported as number of deaths per 100,000 people that is, the number of suicides in a country in a year, divided by the population and multiplied by 100,000.

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Suicide Within the LGBTQ Community

- Research has shown that lesbian, gay, and bisexual (LGB, or sexual minority) youths are more likely than heterosexual youths to endorse suicidal thoughts and make suicide plans.
- LGBTQ youths are almost 5 times as likely to have attempted suicide as compared to heterosexual peers.
- LGBTQ individuals who come from highly rejecting families are 8 times as likely to have attempted suicide as their peers who report no or low levels of family rejection.
- Research has also found that this effect is lower on campuses where there are LGBTQ support alliances and resources made available.

GET HELP 24/7:

TrevorText
Text Chat and Email

TrevorChat
Voice Chat

TrevorLifeline
Suicidal Crisis

Hatzinbuehler, M. L., Berkett, M., Van Wageningen, A., & Meyer, L. H. (2014). Protective school climates and reduced risk for suicide ideation in sexual minority youths. *American journal of public health, 104*(2), 279-286. <https://doi.org/10.2105/AJPH.2013.301508>

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What is Suicide Ideation

- Many people experience some thoughts of dying or committing suicide at some point in their lives.
- Suicidal ideation is much more common for people with mental health diagnoses, in particular depression and alcohol or drug abuse.
- It's important to not panic if a trainee mentions dying, but it's also important to treat it seriously and gather more information.

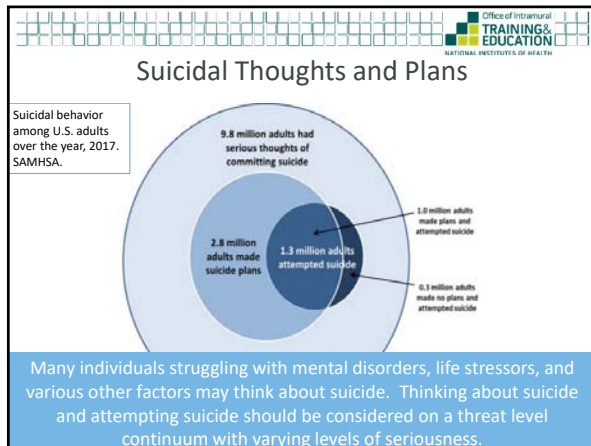
Talking to someone about their suicidal ideations does not make them more likely to commit suicide. In fact it lowers the risk that the person will follow through with a suicide attempt.

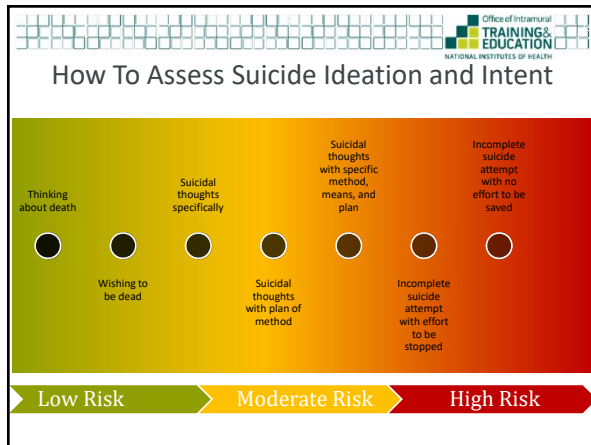
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Suicide Attempts Per Day

Demographic Group	Approximate Suicide Attempts Per Day
Nation	48,000
Male	38,000
Female	12,000
Whites	42,000
Non-Whites	8,000
Black	5,000
Older Adult	10,000
Young	8,000
Middle Age	18,000

Source: National Institutes of Health Mental Health Information Statistics – Suicide





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The Internal Struggle of Suicide Ideation

- Part that wants to live vs part that wants the pain to stop.
- The individual struggling with suicidal ideation needs to develop a stronger set of reasons to live in order to avoid suicide. By virtue of the individual expressing suicidal ideation there is likely a strong part of them that wants to live.

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Identify Risk Factors and Protective Factors

Risks Factors:

Hopelessness	Helplessness	Major Depressive Episode
Major economic or career crisis	Impulsive Behavior	Substance Use or Abuse
Agitation	Perceived Burden to Family/Other	Chronic Physical Pain or Medical Problem
Aggressive Behavior	Method for Suicide is Available	Family History of Suicide
Past History of Suicide Attempts	Major life losses	Social Isolation

Protective Factors:

Identifies Reasons for Living	Feels Responsibility to Family and Other
Supportive Social Network	Fear of Death or Dying
Belief that Suicide is Immoral	Engaged in Work or School

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann © 2008 The Research Foundation for Mental Hygiene, Inc.

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Suicide Assessments

- There are several different screeners, assessments, and questionnaires used for evaluation of suicide risk.
 - **Benefits of CSSR-S**
 - You do not need to be a mental health clinician in order to use the CSSR-S.
 - It's available for free online.
 - It's available in many languages.
 - It is evidence based and respected as a reliable predictor of suicidal behavior.
- Today we will be modeling our conversation off of an assessment called The Columbia Suicide Severity Rating Scale, or the CSSR-S.
- There are different versions of the CSSR-S, all of which can be found here:
 - <https://cssrs.columbia.edu/>

Kerr, D.C., Gibson, B., Leve, L.D., & DeGarmo, D.S. (2014). Young adult follow-up of adolescent girls in juvenile justice using the Columbia Suicide Severity Rating Scale. *Suicide and Life-Threatening Behavior*, 44 (2), 113–129

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Helping Someone Who Is Contemplating Suicide

5

Action Steps for Helping Someone in Emotional Pain

THE COLUMBIA LIGHTHOUSE PROJECT

IDENTIFY RISK. PREVENT SUICIDE.

<p style="font-weight: bold; font-size: 1.2em;">ASK</p> <p style="font-size: x-small;">"Are you thinking about killing yourself?"</p>	<p style="font-weight: bold; font-size: 1.2em;">KEEP THEM SAFE</p> <p style="font-size: x-small;">Reduce access to lethal items or places.</p>	<p style="font-weight: bold; font-size: 1.2em;">BE THERE</p> <p style="font-size: x-small;">Listen carefully and acknowledge their feelings.</p>	<p style="font-weight: bold; font-size: 1.2em;">HELP THEM CONNECT</p> <p style="font-size: x-small;">Save the National Suicide Prevention Lifeline number 1-800-273-8255.</p>	<p style="font-weight: bold; font-size: 1.2em;">STAY CONNECTED</p> <p style="font-size: x-small;">Follow up and stay in touch after a crisis.</p>
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For more information on suicide prevention: www.nimh.nih.gov/suicideprevention

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SAFE-T Protocol with C-SSRS

	Within last three months? Within last 2 weeks?
1.) Have you wished you were dead or wished you could go to sleep and not wake up?	Yes=Risk. More recent = Higher level of risk.
2.) Have you actually had any thoughts of killing yourself?	Yes=Risk, More recent = Higher level of risk.
3.) Have you been thinking about how you might do this?	A plan = Higher risk.
4.) Have you had these thoughts and had some intention of acting on them?	Intention of acting on plan= Higher risk.
5.) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	More detailed plan with means = Higher risk.
6.) Have you done anything, started to do anything, or prepared to do anything that could end your life?	Past attempt = higher risk.

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zeltzky, Burke, Oquendo, & Mann © 2008 The Research Foundation for Mental Hygiene, Inc.

Step 1: Ask

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How to Ask Your Trainee About Suicide Ideation

- Ask the most important question of all: "Are you thinking of killing yourself?"
- Ask after you have enough information to reasonably believe the person is suicidal
- Ask in a way that is natural and flows with the conversation
- Do not ask as though you are looking for a "no" answer ("You aren't thinking of killing yourself, are you?")
- Remain calm
- Listen more than you speak

- Maintain eye contact
- Ask and act with confidence
- Do not argue
- Use open body language
- Limit questions to gathering information casually
- Use supportive and encouraging comments

"Are you thinking about killing yourself?" It's not an easy question, but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

(Ila A. Clinical Tech www.chnm.com/ /csc-suicide-prevention-training--steps-1a-7-17-19-1.pdf; Accessed: May 27, 2016.

Step 1: Ask


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Listen to Them


- Listen carefully and learn what the trainee is thinking and feeling. Research suggests acknowledging and talking about suicide may reduce rather than increase suicidal thoughts.

How to practice active listening with trainees:

- Let the person finish with a given thought before interjecting.
- Use phrases to keep the person talking. Ex: "Say more about that", "I'm listening".
- Attempt to rephrase what the person is saying to ensure you understand.
- Use eye contact and body language to display your attention.



Step 1: Ask



Suggestions to Make to Trainee Who Might be Suicidal

- Never keep lethal doses of any medication on hand. Work with your doctor and pharmacist to make sure you have a safe dosage in your home.
- Consider keeping medications locked in a safe place.
- Properly dispose of medications you no longer need.

- Keep firearms locked in a safe and ammunition stored in a separate location.
- Ask a friend or family member to store a firearm for you while you work on becoming healthy again.
- Check out a local shooting club or local police precinct to see if they have temporary storage options.

Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

Step 2: Keep Them Safe




How to Communicate With a Trainee After a Conversation about Suicide

- Your goal is not to solve whatever problem your trainee is struggling with.
- Your goal is to be open and available to have the conversations when they arise, and to connect your trainee to a mental health professional.
- Connect your trainee to the resources within your institution.
- Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.



Step 3: Be There



What is a Safety Plan?

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (such as relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____	Phone _____
2. Name _____	Phone _____
3. Place _____	4. Place _____

Step 4: People whom I can ask for help:

1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____


Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____	Phone _____
2. Clinician Pager or Emergency Contact # _____	Phone _____
3. Local Urgent Care Services _____	Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	

Step 6: Making the environment safe:


1. _____
2. _____

Step 4: Help Them Connect




How to Connect a Trainee to Resources

- Have the emergency and mental health contacts ready and available in case of a crisis.
- Save the National Suicide Prevention Lifeline's (1-800-273-TALK (8255)) and the Crisis Text Line's number (741741) in your phone, so it's there when you need it. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
- You can download or order wallet cards and brochures here:
- <https://suicidepreventionlifeline.org/>




Step 4: Help Them Connect



Risks and Response to Suicidal Behavior


High Suicide Risk	Moderate Suicide Risk	Low Suicide Risk
<ul style="list-style-type: none"> Suicidal ideation with intent or intent with plan in past month Suicidal behavior within past 3 months 	<ul style="list-style-type: none"> Suicidal ideation with method, WITHOUT plan, intent or behavior in past month Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime) Multiple risk factors and few protective factors 	<ul style="list-style-type: none"> Wish to die or Suicidal Ideation WITHOUT method, intent, plan or behavior Modifiable risk factors and strong protective factors No reported history of Suicidal Ideation or Behavior
Action	Action	Action
<ul style="list-style-type: none"> Stay with trainee. Initiate or assist trainee in emergency hospital visit. Contact emergency campus authorities. 	<ul style="list-style-type: none"> Use 5 step action plan. Make a mental health referral. Follow up with trainee. 	<ul style="list-style-type: none"> Use 5 step action plan. Make a mental health referral. Follow up with trainee.

Step 5: Stay Connected



What is Suicide Contagion?

- Research has shown that when a well publicized suicide occurs in a given community, the rate of suicide increases in that community. This can also be termed "copycat suicide".
- This effect is strongest in the adolescent population.
- The effect is highest when the community is saturated with reports of the suicide.
- A suicide cluster, is defined as multiple suicidal behaviors or suicides that fall within an accelerated time frame, and sometimes within a defined geographical area.



THE CONTAGION OF SUICIDAL BEHAVIOR
Madelyn S. Gould, Ph.D., M.P.H.
 Columbia University and New York State Psychiatric Institute
 and
 Alison M. Lohan, M.A.
 New York State Psychiatric Institute

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How Do We Stop or Slow Down the Effect of Suicide Contagion?

- Limit volume of reporting on the suicide.
- Limit reporting of means of suicide.
- Be careful about attributing simple explanations for suicide.
- Be careful not to glamorize suicide.
- Include National Suicide Prevention Lifeline number in reporting.
- Report that coping skills, support, and treatment work for most people who have thoughts about suicide.

The National Suicide Prevention Lifeline toll-free number, 1-800-273-TALK (8255) connects the caller to a certified crisis center near where the call is placed.

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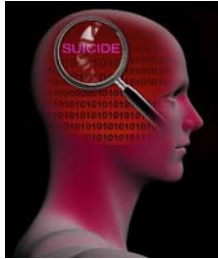
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Suicide and COVID-19

- Current knowledge about psychological factors contributing to suicide, leads to reasonable concern that the pandemic may lead to an increase in cases of suicide:

Factors we know contribute to suicide and challenges we know are a result of COVID-19:

- Career Stress
- Social Isolation
- Decreased Access to Community and Religious Support
- Barriers to Mental Health Treatment
- Illness and Medical Problems



Thakur, V. & Jain, A. (2020). COVID 2019-suicides: A global psychological pandemic. *Brain, behavior, and immunity*. 50(889-1591) (20) 3064-7. Advance online publication. <https://doi.org/10.1016/j.bbi.2020.04.062>

Montemurro N. (2020). The emotional impact of COVID-19: From medical staff to common people. *Brain, behavior, and immunity*. 50(89-1591) (20) 3041-6. Advance online publication. <https://doi.org/10.1016/j.bbi.2020.03.032>

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Resources

<p><u>Websites</u></p> <p>https://zerosuicide.edc.org/ http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf https://cssrs.columbia.edu/ https://suicidepreventionlifeline.org/ https://reportingsuicide.org/ https://www.thetrevorproject.org/education/model-school-policy/</p>	<p><u>Books</u></p> <p><u>Comprehensive Textbook of Suicidology</u> Ronald W Maris, Alan L Berman, Morton M Silverman</p> <p><u>Night Falls Fast: Understanding Suicide</u> Kay Redfield Jamison</p> <p><u>No Time to Say Goodbye: Surviving the Suicide of a Loved One</u> Carla Fine</p>
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Slide 29

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Barry Rieger, 7/14/2020