SUICIDE

Across the Lifespan

ABOUT ABCT

ABCT is dedicated to bridging communication between scientific and clinical members and the media as well as the public.

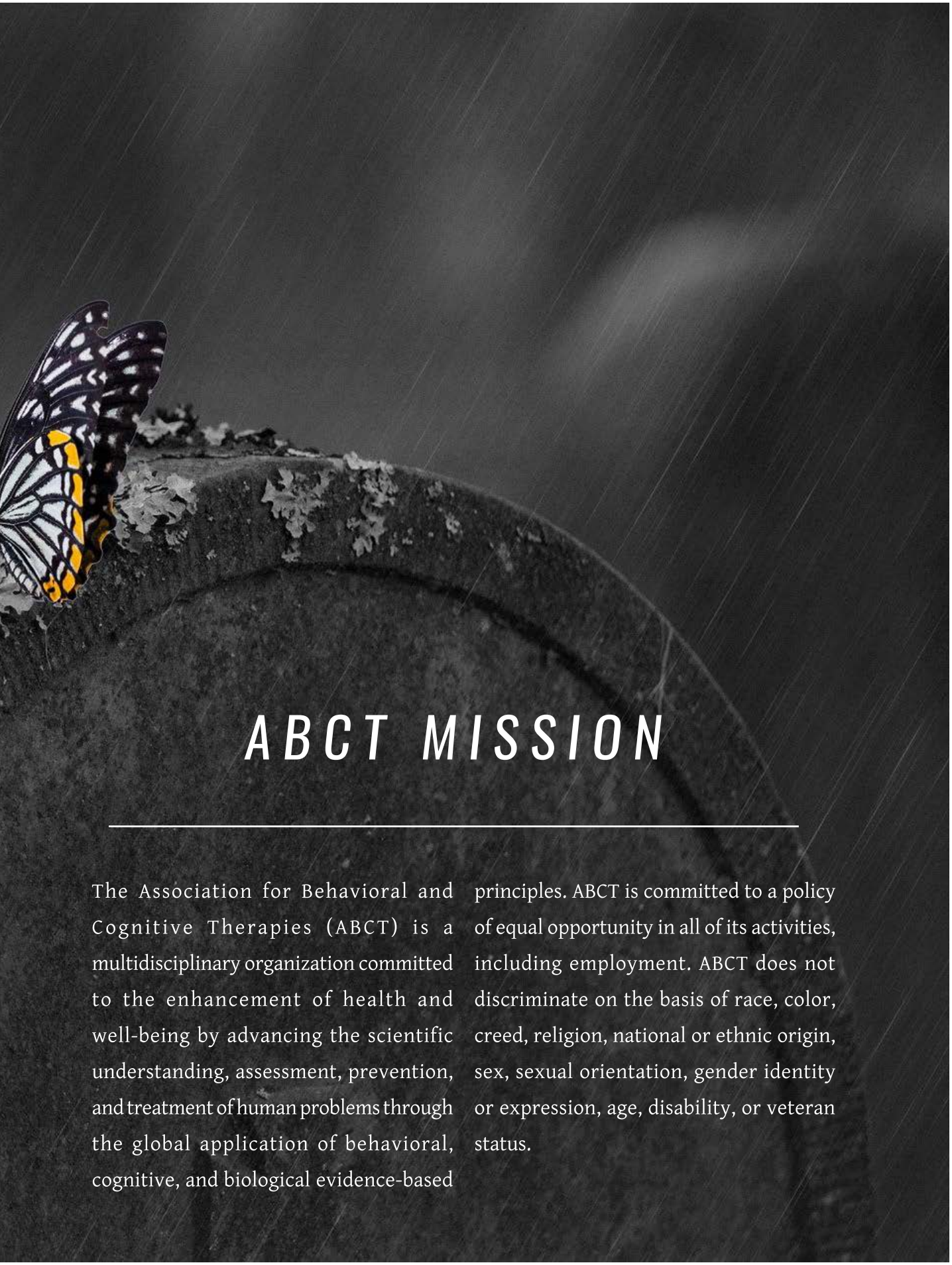
We do that in a few ways by

• respond to media inquiries about CBT-related topics by connecting interested journalists, writers, and producers with relevant ABCT experts.

• develop initiatives to assist ABCT members in communicating with the public about science and evidence-based practice. Possible video.

• develop resources to help communicate with the media for ABCT members, journalists, and the public at large if we offered compendiums of relevant resources ("Briefing Books") that provide information about the current science presented in layman's terms.

SUICIDE ACROSS THE LIFESPAN



ABCT MISSION

The Association for Behavioral and Cognitive Therapies (ABCT) is a multidisciplinary organization committed to the enhancement of health and well-being by advancing the scientific understanding, assessment, prevention, and treatment of human problems through the global application of behavioral, cognitive, and biological evidence-based principles. ABCT is committed to a policy of equal opportunity in all of its activities, including employment. ABCT does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status.

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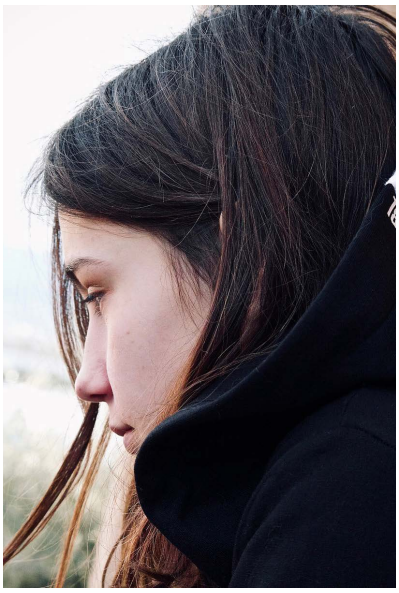

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CONTRIBUTORS

Association for Behavioral and Cognitive Therapies (ABCT) would like to thank our dedicated contributors without whom this project could not have happened.

Our organization is strengthened by your contribution and commitment to supporting our mission and vision. The wider community benefits daily from your efforts to support evidence based research and your committment to those in your care.

in gratitude

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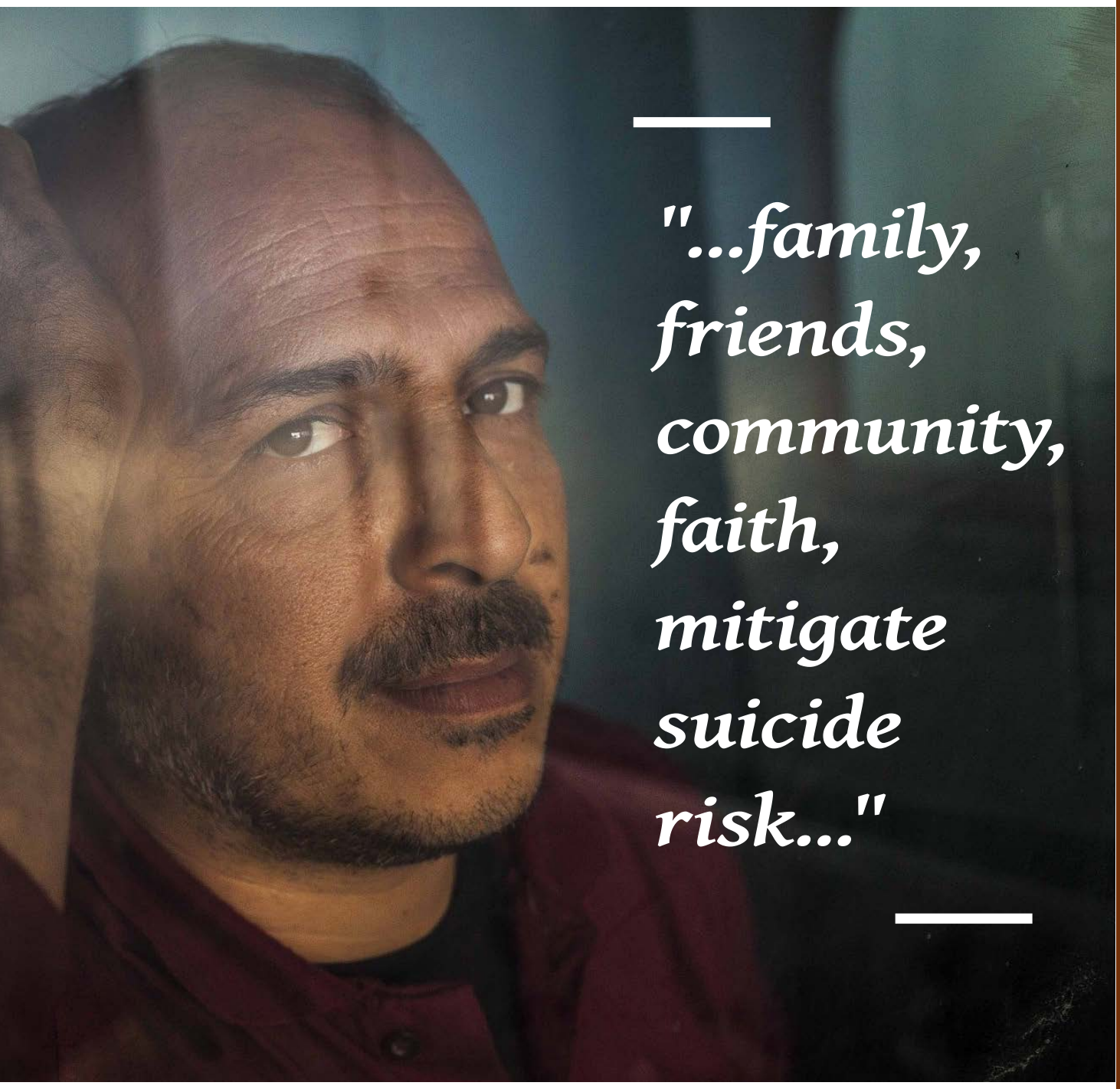
ADULTS & MID-LIFE

Adulthood and mid-life are defined here as individuals aged 25-64. Suicide rates are the highest for this group, compared to all other age bands, and appear to be increasing. In 2017, 31,826 adults (ages 25-64) died by suicide, which accounted for 67.5% of all suicide deaths, and suicide is among the top 5 leading causes of death for US adults, ages 25-54. However, US adults comprise a very heterogeneous group, and suicide rates vary across a number of different populations and characteristics. Suicide rates differ greatly by sex. Males are approximately 3.5 times more likely to die by suicide. However, females are much more likely to attempt suicide, indicating that males are much more likely to use lethal means when attempting suicide. Rates of fatal suicide attempts also differ by racial and ethnic groups. Non-Hispanic American Indians/Alaska Natives and non-Hispanic Whites have the highest rates of death by suicide. Non-Hispanic Black Americans, Non-Hispanic Asian or Pacific Islanders and Hispanic Americans are all all approximately half as likely to die by suicide as compared to the highest risk group. Within these racial and ethnic groups, the sex disparity remains, with males being at least 3 times as likely to die by suicide as females.

RISK & PROTECTIVE FACTORS

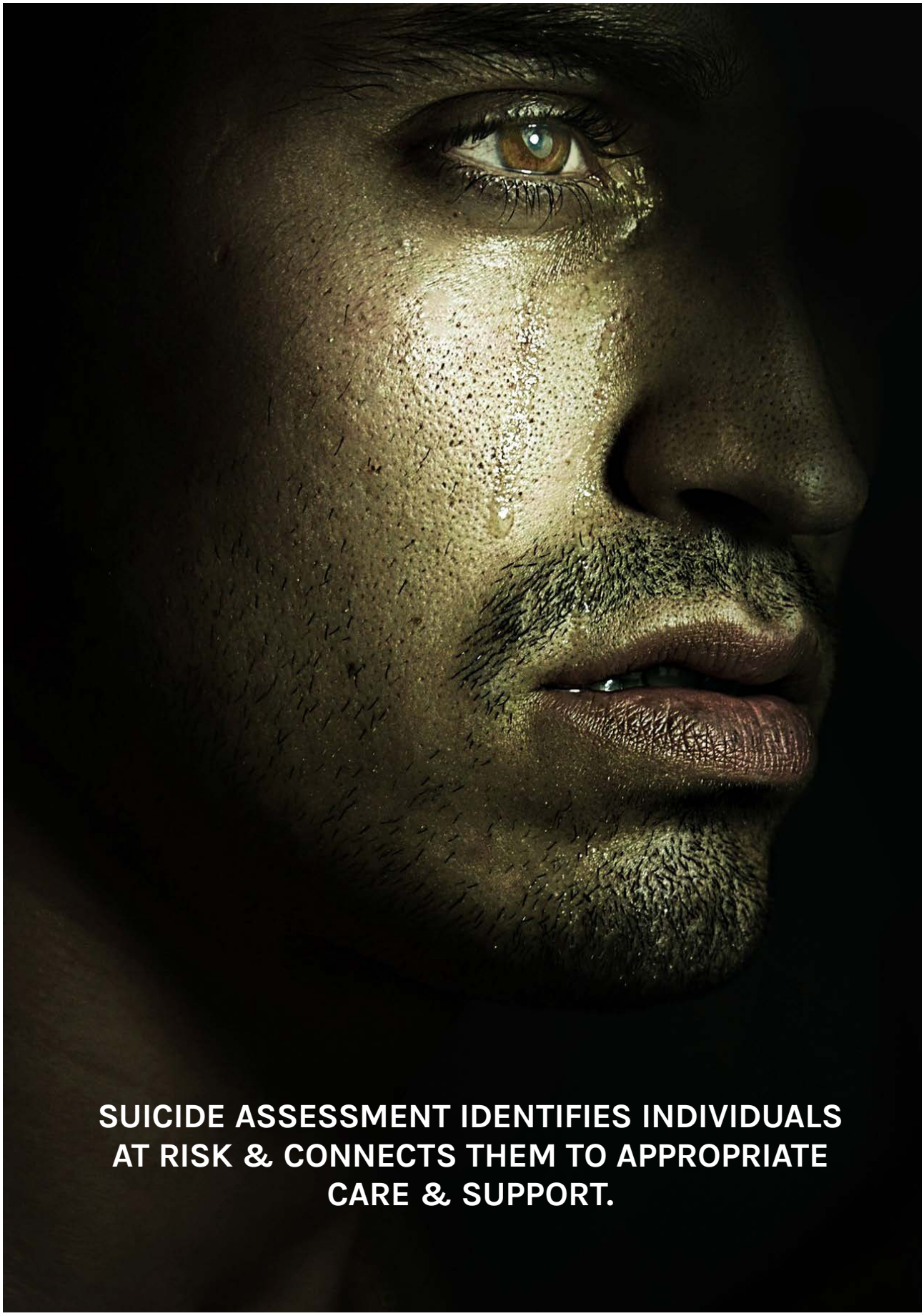
There are many known risk factors for suicide. These risk factors have been reported by the Centers for Disease Control, World Health Organization, and the American Association for Suicidology, along with many other organizations and research teams (e.g. CDC.gov, WHO.int, suicidology.org, afsp.org, sprc.org, etc.) and include factors such as: history of trauma or abuse, previous suicide attempts, family history of suicide, chronic pain, discrimination, environmental stressors, and mental illness and substance abuse.Marital status is associated with suicide, with individuals who are widowed being most likely to die by suicide, followed by individuals who are married, followed by those who are divorced or separated; individuals who were never married have the lowest rates of suicide. More acute risk factors for suicide have also been well examined. The American Association of Suicidology reports a range of warning signs for increased risk for suicide attempts, including behavioral risk factors such as increased substance use, withdrawal from friends, anger/aggression, and impulsivity; and internal (cognitive or emotional) risk factors, such as purposelessness, anxiety/agitation, feeling trapped, and hopelessness. Additional proximal risk factors also include relationship conflict or loss, job loss or financial hardship, threatening to kill oneself or talking about wanting to kill oneself, and attempting to gain access to lethal methods (e.g. firearms). Protective factors reduce the risk of suicide, even among individuals with other risk factors.

Many protective factors are relational and related to community or interpersonal support, including strong supportive relationships with family, friends, or community, and access to effective mental health care. Additional protective factors include: effective skills related to problem solving, communication, or coping; cultural, religious, or moral objections to suicide; and restricting access to lethal methods.



RISK ASSESSMENT

Suicide assessment is a critical tool to help identify individuals at risk for suicide, to accurately place individuals into different categories of risk (e.g. low, medium, high), and to appropriately connect these individuals to appropriate care and support. Suicide risk assessment can be completed through paper and pencil self-report scales, such as the Beck Scale for Suicide Ideation, the Suicide Behaviors Questionnaire, or the Depressive Symptom Index-Suicidality Subscale (DSI-SS). While self-report measures have several advantages, including being pragmatic to use, and potentially reducing pressure associated with answering questions in person, they should be completed in conjunction with clinical interviews. Clinical interviews allow mental health professionals to provide clarification about nomenclature, and to follow up immediately with a standardized risk assessment protocol, if needed. Several clinical tools of this nature, including the Columbia Suicide Severity Rating Scale (C-SSRS), are available. The C-SSRS is a widely used and publicly available measure that offers clinician-administered risk assessment, as well as community and family measurement, for individuals concerned about loved ones who may be at risk (see The Columbia Lighthouse Project for additional details). More recently, a suicide risk assessment tool, The Suicide Risk Assessment and Management Decision Tree (DT), was developed as a brief tool to bridge the gap between assessment and suicide risk management. Research on the DT has demonstrated its potential to provide accurate risk assessments and support suicide risk management in outpatient care.


SUICIDE ASSESSMENT IDENTIFIES INDIVIDUALS
AT RISK & CONNECTS THEM TO APPROPRIATE
CARE & SUPPORT.

SAFETY PLANNING LIMITING ACCESS TO LETHAL MEANS

TREATMENT

Given the high and growing rates of suicide among adult and middle aged populations, it is critical to identify not only tools for accurately identifying and assessing individuals who are at risk for suicide attempts, but also strategies for treating and preventing suicide among these individuals. Suicide prevention efforts have grown in recent years. Many universal prevention efforts focus on reducing stigma of mental illness, increasing awareness of suicidal symptoms, increasing access to care, and reducing risk factors. For example, a recent CDC technical package was published outlining several evidence-based strategies for preventing suicide, including strengthening economic supports, strengthening access of suicide care, creating protective environments, promoting connectedness, teaching coping/problem-solving skills, identifying individuals at risk, providing support, lessening harm, and preventing future risk. Multilevel prevention efforts can assist by engaging policy makers, communities, and individuals, among others. The organization #BeThe1To is encouraging everyone to support suicide prevention efforts by: learning to identify suicide warning signs, being available to support individuals in need, feeling empowered to ask friends or family about suicidal thoughts without fear that asking these questions will increase risk or suicidal ideation, learning how to reduce lethal risk, knowing how to refer at-risk individuals to a suicide prevention hotline or emergency services, as needed, and following up to provide additional support.

TREATMENT

Evidence-based treatments for patients at risk for suicide typically include strategies to address both the suicide risk as well as any underlying mental health concerns. Addressing the suicidal risk typically involves safety planning, which includes reducing access to lethal means, and identifying specific strategies that an individual will use in the context of current or future suicidal urges. Additional treatment strategies for suicide include cognitive behavioral (CBT) and dialectical behavioral (DBT) approaches to improve coping, problem-solving, and distress-tolerance skills. Treatment for and prevention of suicide may also include psychopharmacological interventions, as well as a focus on increasing social support and connectedness.

EVIDENCE BASED TREATMENTS COGNITIVE & DIALECTIAL BEHAVIORAL THERAPY

A HISTORY OF SUICIDAL BEHAVIOR IS ASSOCIATED WITH MORE PRONOUNCED EMOTIONAL REACTIONS

What role does mental illness play in suicidal behavior?

Mental illness and psychiatric history are well-known risk factors for suicide. Specifically, affective disorders (especially for females), substance use disorders (especially for males), and multiple diagnoses are all associated with elevated risk for suicide. That said, mental illness is only one of many risk factors, and many suicides and suicide attempts are made by people with no known mental illness or psychiatric history.

ADULTS & MID-LIFE SUICIDE FAQS

What are the warning signs to of suicidal behavior in adults?

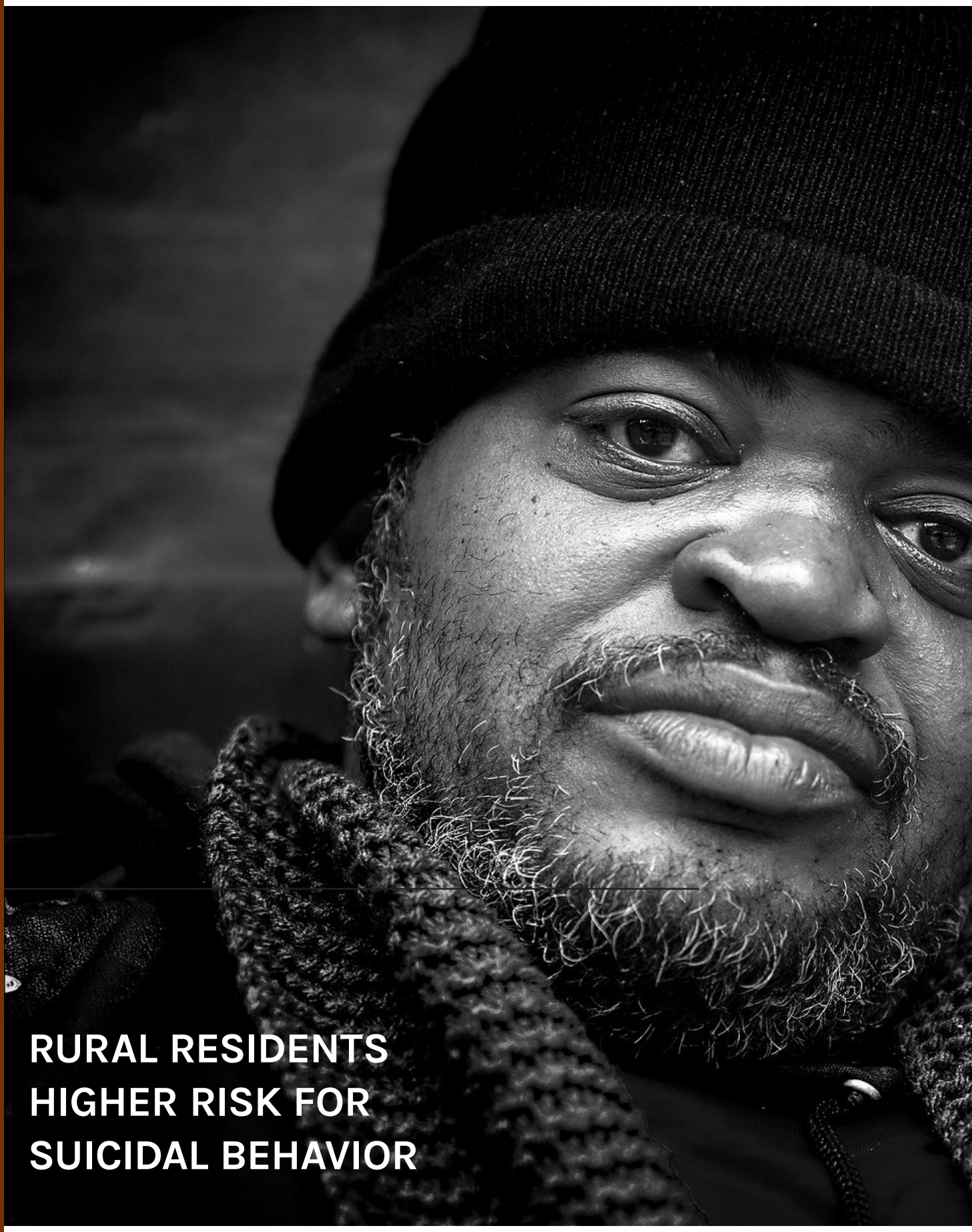
Some research indicates that these "warning signs" may not differentially predict acute risk. One study found that the only warning sign that differentially predicted suicide attempts (over ideation alone), was anger/aggression. Deaths by suicide are not reliably preceded by changes in AAS warning signs in the seven days leading up to the death. That said, the known warning signs can provide guidance in identifying individuals at risk for suicidal ideation and/or attempts.

In similar situations why does one person want to die & another not?

The risk and protective factors associated with suicide are not the same for everyone, even if their respective circumstances may appear identical. Everyone sees and experiences situations differently, thoughts and emotions associated with what appears to be the exact same stressor are felt and interpreted differently by everyone. Emotional reactions to events in people with a history of suicide attempts differs from those that have not considered ending their own life.

Is it dangerous to ask someone if they are thinking of suicide?

There is no evidence that asking about someone's thoughts and feelings, including any intention or plan about dying increases the risk of death by suicide or encourages the person to act on their suicidal thoughts. Research suggests, that asking someone about how they are feeling and any possible plans of suicide can help identify someone at risk and encourage steps to get help.



RURAL RESIDENTS HIGHER RISK FOR SUICIDAL BEHAVIOR

Is suicide more likely in people with less education?

Education has also been shown to be related to suicide, with individuals who have not completed high school at higher risk than those who have received additional education. With college educated men and women over the age of 25 years, the least likely to die by suicide. However, lower levels of education are associated with many risk factors for suicide, such as substance use, financial difficulties, homelessness, and psychiatric disorders, that make it difficult to attribute lower education as an explanation for the observable higher suicide rates for those that did not complete high school.

Does where you live contribute to suicidal behavior or risk?

Geographical location has also been examined, and significant research supports that living in rural locations is associated with approximately 1.6 times higher suicide rates as compared to urban locations. In recent years, research has indicated that living in mountain regions and in western parts of the united states is associated with higher rates of suicide; however, this finding may be conflated with the fact that rural geographic location is associated with higher suicide rates.

IMPACT OF COVID

COVID-19 has led to significant upheaval and disruption to daily life for individuals across the globe. Individuals in the adult and mid-life age-group may be experiencing unique and particularly challenging stressors. Public health guidelines aimed at containment include social distancing policies which limit prolonged interactions with other people, impacting economic, professional, and personal endeavors. As a result, the pandemic has greatly impacted financial and job security for many, with unemployment rates rising to 10.2% in the United States as of July, 2020 (for comparison, the unemployment rate in July, 2019 was 3.7%). In addition to job loss and financial strain, the pandemic has placed interpersonal strains on families, as many working parents attempt to provide full-time childcare and continue working. Due to the differential impact of the coronavirus on older adults, adult-age parents may also have less access to childcare and interpersonal support from extended family. Social connectedness has also been interrupted, with individuals experiencing increased isolation due to social distancing and intermittent shelter-at-home recommendations. Concerns about physical health for individuals and their loved ones are also heightened, increasing symptoms of anxiety and stress. Although research on the mental health impact of COVID-19 is still emerging, some initial evidence demonstrates that "the prevalence of anxiety and depression among U.S. adults was three times higher during the pandemic than a year earlier." Clearly risk factors for suicide are increasing during the pandemic. Suicide prevention organizations have been responsive to this growing need, with additional resources on coping during COVID-19 emerging on websites dedicated to suicide prevention (e.g. #BeThe1To).

SUMMARY

Suicide rates among adults are high and increasing; however, this risk is not spread evenly across the population. In order to reduce the overall prevalence of suicide, it will require a coordinated and comprehensive approach. However, individuals are also encouraged to address suicide risk by learning the suicide warning signs, asking individuals about their suicidal thoughts , reducing access to lethal means, helping individuals access care, and following up. Now, more than ever, we must prioritize the identification and treatment of individuals at risk for suicide.

ABCT PRESS OFFICE

ABCT Press Office

Responsible for all ABCT publications and ABCT's website. Coordinates projects with the Publications Committee. Handles press relations for ABCT. In Executive Director's extended absence, serves as Deputy Director.

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Director of Communications & Deputy Director

Media Finding Experts

ABCT has a list of speakers and subject matter experts on topics such as PTSD, anxiety, suicide, and more. Details available on the website or by contacting the ABC Press Office.

Media Guidelines for the Responsible Reporting & Depicting of Nonsuicidal Self-Injury (NSSI)

Avoid use of NSSI-related images and details within text, especially of NSSI wounds and methods/tools.

Highlight efforts to seek treatment, stories of recovery, adaptive coping strategies as alternatives to NSSI, and updated treatment and crisis resources.

Avoid misinformation about NSSI by communicating peer-reviewed and empirically supported material, including distinguishing NSSI from suicide.

Present information neutrally; avoid exaggerated descriptions of NSSI prevalence and sensational headlines that include NSSI, especially the method of NSSI.

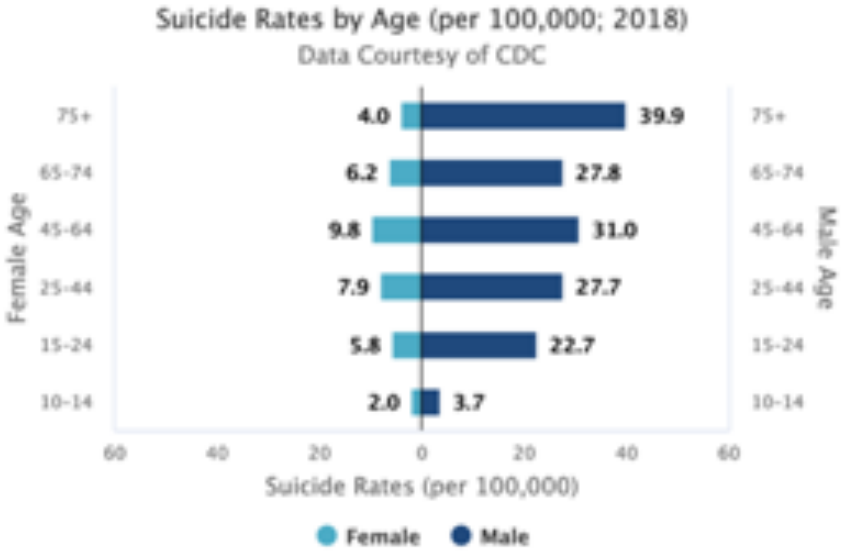
Use non-stigmatising language and avoid terms that conflate person and behaviour (e.g., cutter, self-injurer).

Assure that online article comments are responsibly moderated.

SUICIDE STATISTICS

Leading Cause of Death in the United States (2018) Data Courtesy of CDC							
	Select Age Groups						
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 655,381
2	**Suicide 596**	**Suicide 6,211**	**Suicide 8,020**	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 599,274
3	Malignant Neoplasms 450	Homicide 4,607	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Unintentional Injury 167,127
4	Congenital Abnormalities 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	**Suicide 7,521**	**Suicide 8,345**	CLRD 18,804	CLRD 159,486
5	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Cerebro-vascular 147,810
6	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Alzheimer's Disease 122,019
7	CLRD 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro-vascular 5,128	Cerebro-vascular 12,789	Diabetes Mellitus 84,946
8	Cerebro-vascular 54	Influenza & Pneumonia 200	Cerebro-vascular 567	Cerebro-vascular 1,704	CLRD 3,807	**Suicide 8,540**	Influenza & Pneumonia 59,120
9	Influenza & Pneumonia 51	CLRD 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 51,386
10	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	**Suicide 48,344**

CLRD: Chronic Lower Respiratory Disease



USEFUL RESOURCES

Veterans Crisis Line
1-800-273-8255 PRESS 1

www.veteranscrisisline.net

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

American Foundation for Suicide Prevention

www.afsp.org

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION
10 YEARS

www.theactionalliance.org

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YOUTH

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BRIEFING BOOKS

SUICIDE