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.

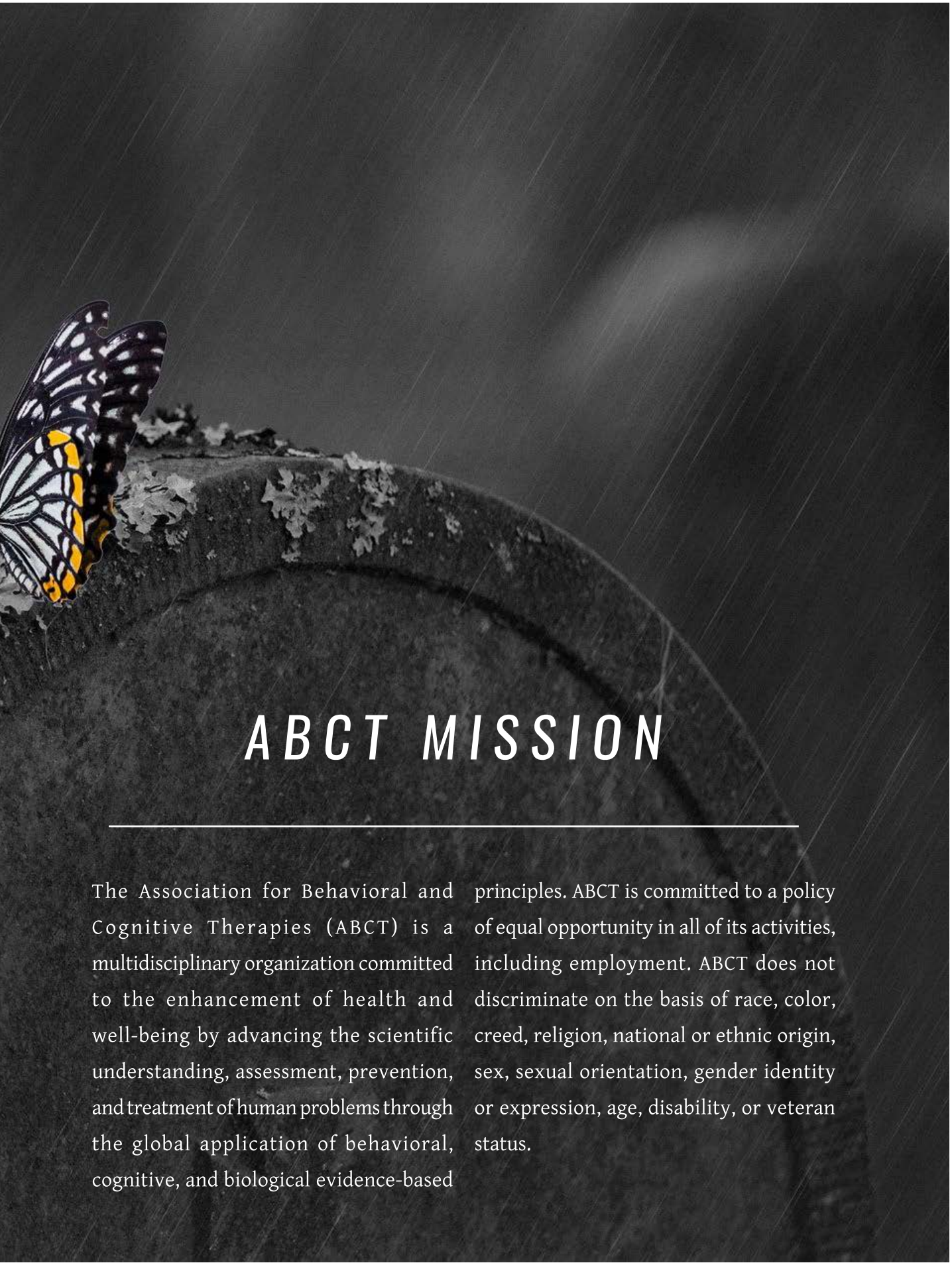
We do that in a few ways by

• 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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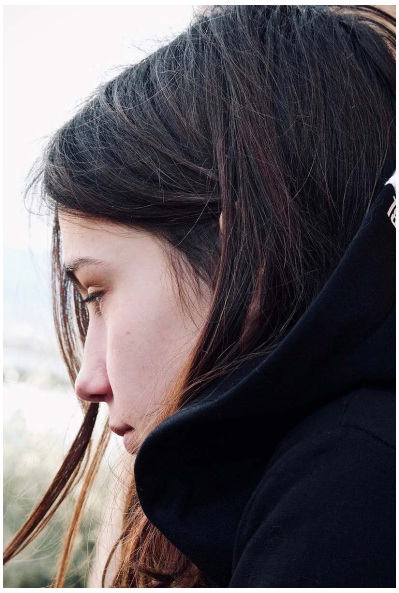

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CONTRIBUTORS

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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YOUTH SUICIDE

Adolescence is a developmental period characterized by key emotional, social, and biological changes. Adolescents exhibit increased sensitivity to their environment, which assists them in gaining the necessary skills to transition to adulthood, but it may also lead to increased vulnerability to stressors, as is reflected in the increased rates of self-injurious thoughts and behaviors during this time. Indeed, suicide is the second leading cause of death among US adolescents with rates steeply increasing from late childhood through early adulthood. Research indicates large increases in thoughts of suicide (i.e., suicidal ideation) and self-harm during this time. Cumulatively, suicidal thoughts and behaviors are associated with immense suffering as well as substantial healthcare costs estimated to exceed $40 billion annually in the U.S.

ADOLESCENCE A TIME OF ENORMOUS BIOLOGICAL & EMOTIONAL CHANGE THAT INCREASES VULNERABILITY TO STRESSORS

ACADEMIC & SOCIAL PRESSURES

PREVALENCE

Adolescence is a vulnerable period for suicide risk. During this developmental stage, youth experience significant social, environmental, and physical changes. As adolescents strive to become more independent, they spend less time with parents and more time developing peer and romantic relationships. Adolescents often experience more peer-related stressors, such as break-ups and bullying. Academic pressures, including increased workload and focus on grades, also rise during the transition to adolescence. These added stressors can increase risk for mental health concerns, including depression and suicide. In addition, adolescence is characterized by rapid changes in the brain and body, affecting how teens respond to stress. Compared to younger children and adults, adolescents are more sensitive and reactive to social and emotional cues, due in part to neurobiological changes in puberty.

RISK ASSESSMENT

1. **Risk and protective factors**

   Prior history of suicidal thoughts and behaviors

2. **Current passive suicidal ideation**

   "How often have you thought about wanting to die?"

3. **Current active suicidal ideation**

   "How often have you thought about killing yourself?"

4. **Thoughts of methods**

   "How often have you thought about how you would kill yourself?
   What methods have you thought of using?"

5. **Thoughts of methods**

   "What plans have you made for killing yourself?
   "What steps have you taken to prepare?"
   "Have you thought about when and where you would kill yourself?"

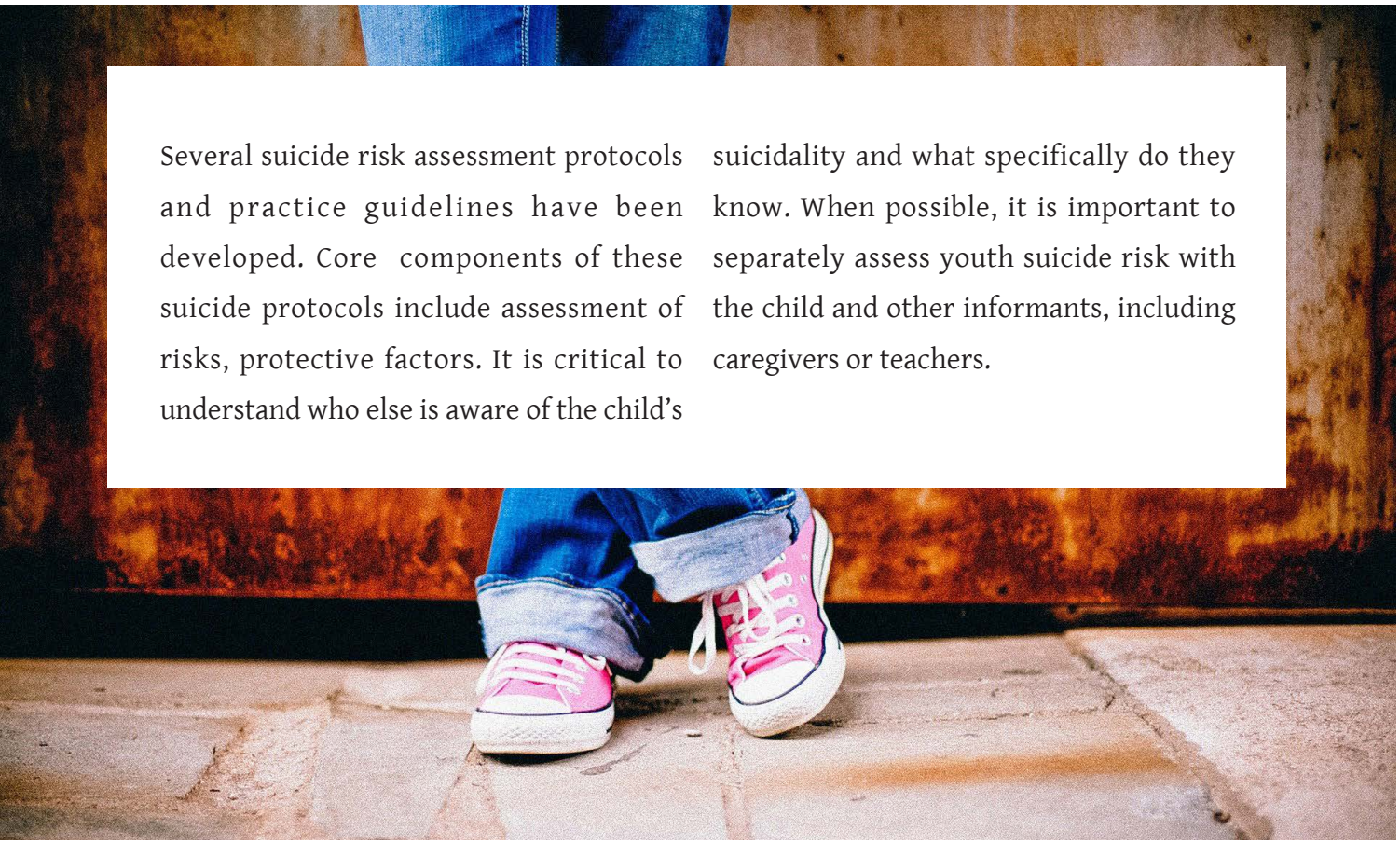
6. **Suicide plans or preparatory behaviors**

   "How likely are you to act on thoughts of killing yourself?"

7. **Intent**

   Do you have access to e.g., guns, pills, razors, etc.?"


UNDERSTAND WHO ELSE IS AWARE OF SUICIDAL PLAN OR INTENT



Several suicide risk assessment protocols and practice guidelines have been developed. Core components of these suicide protocols include assessment of risks, protective factors. It is critical to understand who else is aware of the child's suicidality and what specifically do they know. When possible, it is important to separately assess youth suicide risk with the child and other informants, including caregivers or teachers.

RISK & PROTECTIVE FACTORS

However, the brain regions responsible for self-regulation (i.e., the prefrontal cortex) do not fully mature until early adulthood. Therefore, some adolescents have a harder time exerting control in distressing situations, increasing risk for suicide. It is important to note that risk for suicidal behaviors are not uniformly distributed across US youth. In terms of age, the prevalence of completed suicide increases 17-fold between pre-adolescence (ages 10-14) and adolescence (ages 15-24) with females having higher rates of suicidal thoughts, self-injurious behavior, and suicide attempts as compared to males, but males having higher rates of completed suicide as they tend to use more lethal means. In young people aged 10 to 24 years, suicide is the 2nd leading cause of death.

Friends Circle

Friends' suicidal ideation and behavior can also increase risk, due to contagion effects. A number of factors are protective for youth suicide, including access to treatment, individual assets (e.g., problem-solving ability, emotion regulation), and social support from family, peers, school and community.

Mental Health

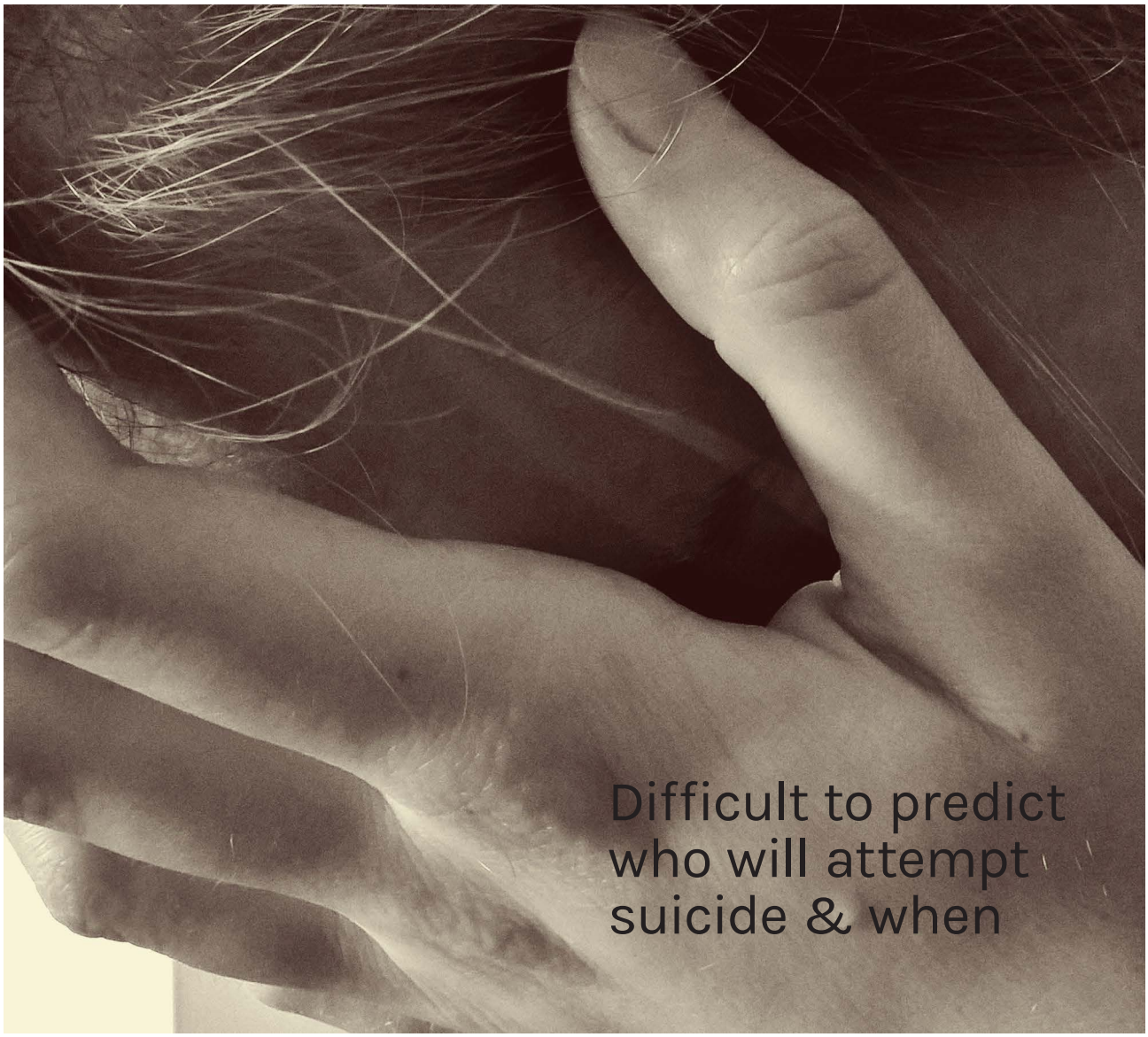
Mental health conditions are known to increase risk, especially mood and depressive disorders, anxiety, substance abuse, and eating disorders, in addition to trauma (*e.g.*, physical or sexual abuse). Stress is associated with a higher risk of suicidality in adolescents.

Life Events

For instance, negative life events, such as loss (e.g., death of a loved one, romantic relationship break-up, friendship termination), recent moves or relocations, and disciplinary crisis, are often linked to suicide risk in youth.

Family Issues

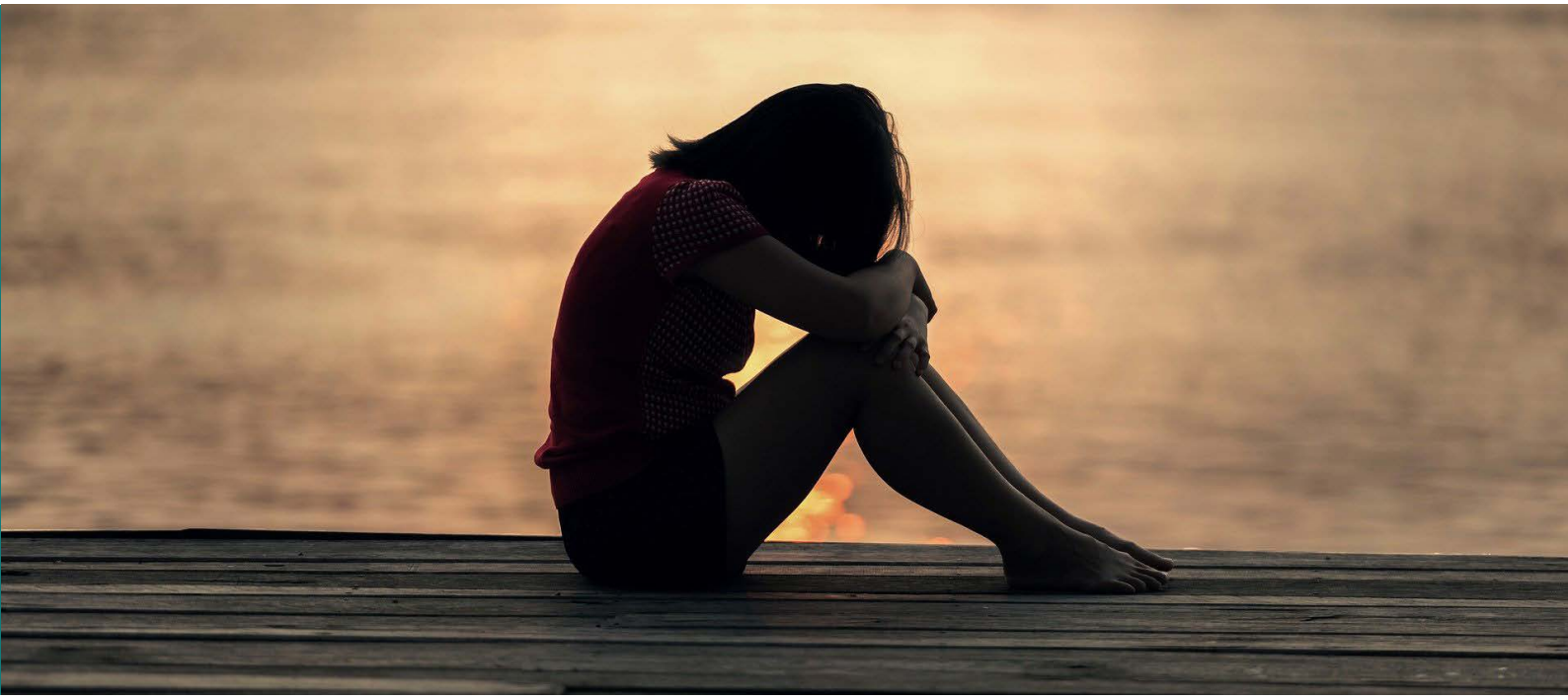
Family stressors, caregiver mental health, parent-child conflict, low family support, also increase risk for suicidal thoughts and behaviors. Further, peer- and school-related stress, social isolation, bullying, and academic difficulties, are particularly important for youth.



ASSESSMENT

Compelling data show that suicide risk screening or assessment does not increase risk in youth, and may even protect youth who are having thoughts of suicide. A number of evidenced based tools are available for psychologists engaging in suicide risk assessments with youth. Many professional organizations, including the American Association of Suicidology, American Foundation for Suicide Prevention, and Suicide Prevention Resource Center, provide resources for clinicians and families. A variety of tools have also been validated for screening and measuring suicide.


Prior suicidal behavior or non-suicidal self-injury are the best predictors of youth suicide



TREATMENT

When youth report suicidal thoughts or behaviors, it is essential to develop a safety plan. Typically, plans include strategies that aim to prevent and manage youth's suicidal thoughts and urges. With younger children, safety plans are developed with the child in conjunction with family and other caregivers. With older adolescents, safety plans may be created only with the adolescent. The plans are then reviewed with family and other caregivers to discuss ways to support the teen. A variety of empirically validated safety planning protocols are available. Youth experiencing acute suicidal thoughts and behaviors are encouraged to call 911 or go to the nearest emergency department. Once seen in the emergency room, youth are assessed and triaged to the appropriate level of care. Inpatient hospitalization may be required when there is a concern about a youth's immediate safety.

Core components of safety plans include:

Warning signs: A safety plan includes a list of youth's personal warning signals, including thoughts, behaviors, situations, or emotions, that often precede a suicidal crisis.

Coping skills: A set of coping strategies that youth find helpful, such as specific music, TV shows, sports, or hobbies.

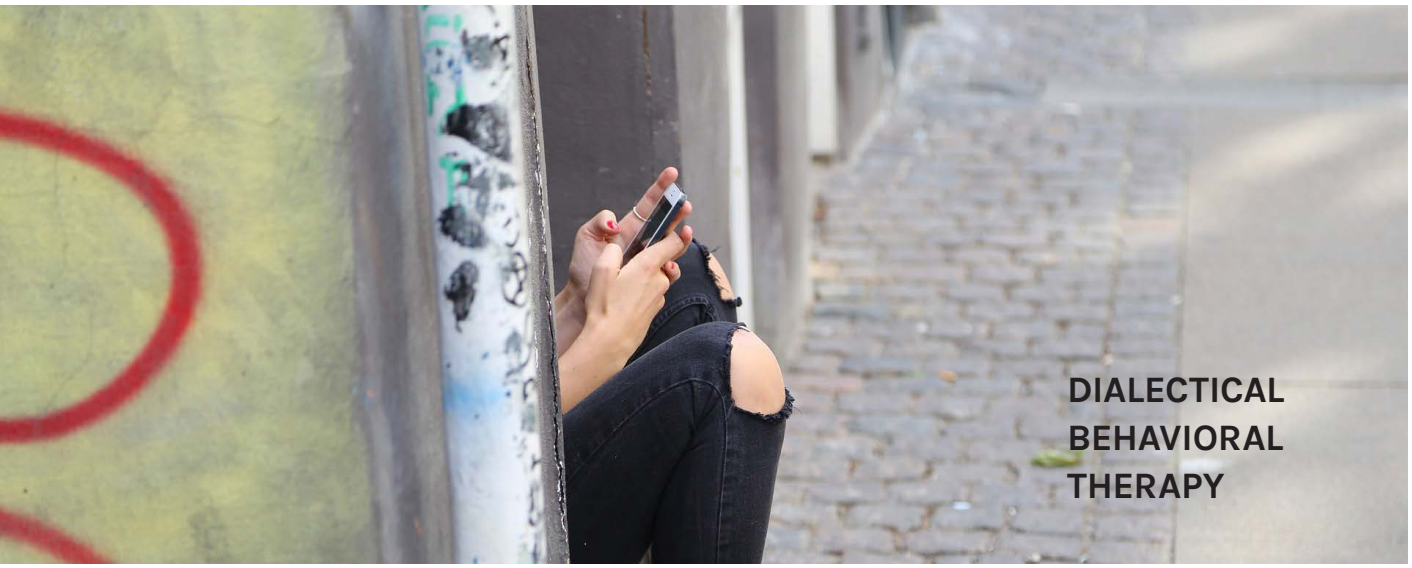
People and places: A list of people or places that can help distract from suicidal crises and help youth feel better.

Adult youth help list: Create a list of trusted adults to ask for help during a suicidal crisis, such as family members, school personnel, or religious leaders.

Mental health services: Services for mental health youth can contact during a crisis. May include youth's therapists, psychiatrists, the National Suicide Prevention Lifeline or text-based crisis intervention services. The Trevor Project also offers phone and text-based crisis services for LGBTQ youth.

Limiting Access to means: Discuss how to make the environment safe by removing youth's access to means, particularly those associated with any specific suicide plans (e.g., removing firearms, storing sharp objects or medications in a locked box). Include caregivers, who can be coached on how to implement means restriction and monitor their child.

Reasons for living: Youth may also add a list of reasons for living, including people, pets, or future events that make life worth living.



Depending on symptom acuity, partial hospitalization, residential treatment, intensive outpatient services, or outpatient therapy may also be considered. Across treatment settings, cognitive-behavioral therapy (CBT) is considered the most efficacious treatment for youth experiencing suicidal thoughts and behaviors. One third-wave cognitive-behavioral treatment, Dialectical Behavioral Therapy for Adolescents (DBT-A), has shown promising results in treating suicidality in adolescents (ages 12-18). DBT-A includes weekly individual therapy, multi-family skills groups, in-the-moment phone coaching and therapist consultation. Treatment focuses on decreasing self-harm behaviors, treatment and quality of life-interfering behaviors, and increasing behavioral skills across five domains: mindfulness, interpersonal effectiveness, emotion regulation, distress tolerance, and middle path skills. The Collaborative Assessment and Management of Suicidality (CAMS) is an evidence-based treatment approach providing an interactive suicide-specific assessment and treatment between provider and patient to assess patient's current suicide risk.

YOUTH SUICIDE FAQS

Do teens attempt suicide as a way of getting attention?

A person that considers death by suicide, irrespective of their age, are feeing deeply distressed and asking for help, not seeking attention. For many teens, stress, pressure to succeed, disappointment, loss, and self-doubt may seem unresolvable and suicide may seem like a solution to problems they cannot conceive of how to solve.

Are teens taking antidepressants at risk of suicide?

For children struggling with depression, or other type of psychiatric disorder, treatments are available. Antidepressants may be of type of effective treatment. It is not typically a first course of action but depending on the severity and the level of distress, antidepressants may be necessary. Antidepressant have not consistently shown to increase the risk of suicidal behavior or to more children dying from suicide.

Is mental illness the reasons why teens die by suicide?

Psychiatric disorders are common in adolescents that die by suicide or engage in suicidal behavior. Depression is the most common, with bipolar disorder and schizophrenia to a much lesser degree. Substance use is associated with psychiatric disorders, and children with a substance use disorder are at a greater risk of death by suicide. In younger children, suicidal behavior is often impulsive, and associated with sadness, anger, and confusion; in some cases ADHD and impulse control disorders are present.

What roles does sexual orientation play in adolescent suicide?

Lesbian, gay, bisexual, and questioning youth are at an especially elevated risk for suicide compared to their heterosexual peers. The "coming out" experience is associated with an 8x increased risk when they experience negative family reactions or rejection. Transgender and non-binary youth are at greater risk than their cisgender peers. In terms of race and ethnicity, Native-American, Latinx, and White youth have higher rates of suicidal thoughts and behaviors compared to other races, while Non-Hispanic youth tend to have higher rates of suicidal ideation and suicide attempts. Lastly, adolescence suicide risk begins to diverge during adolescence between youth living in urban and rural environments with this heightened suicide risk persisting across the lifespan for those living in rural areas. See more in details in the Sexual & Gender Minority Groups section.

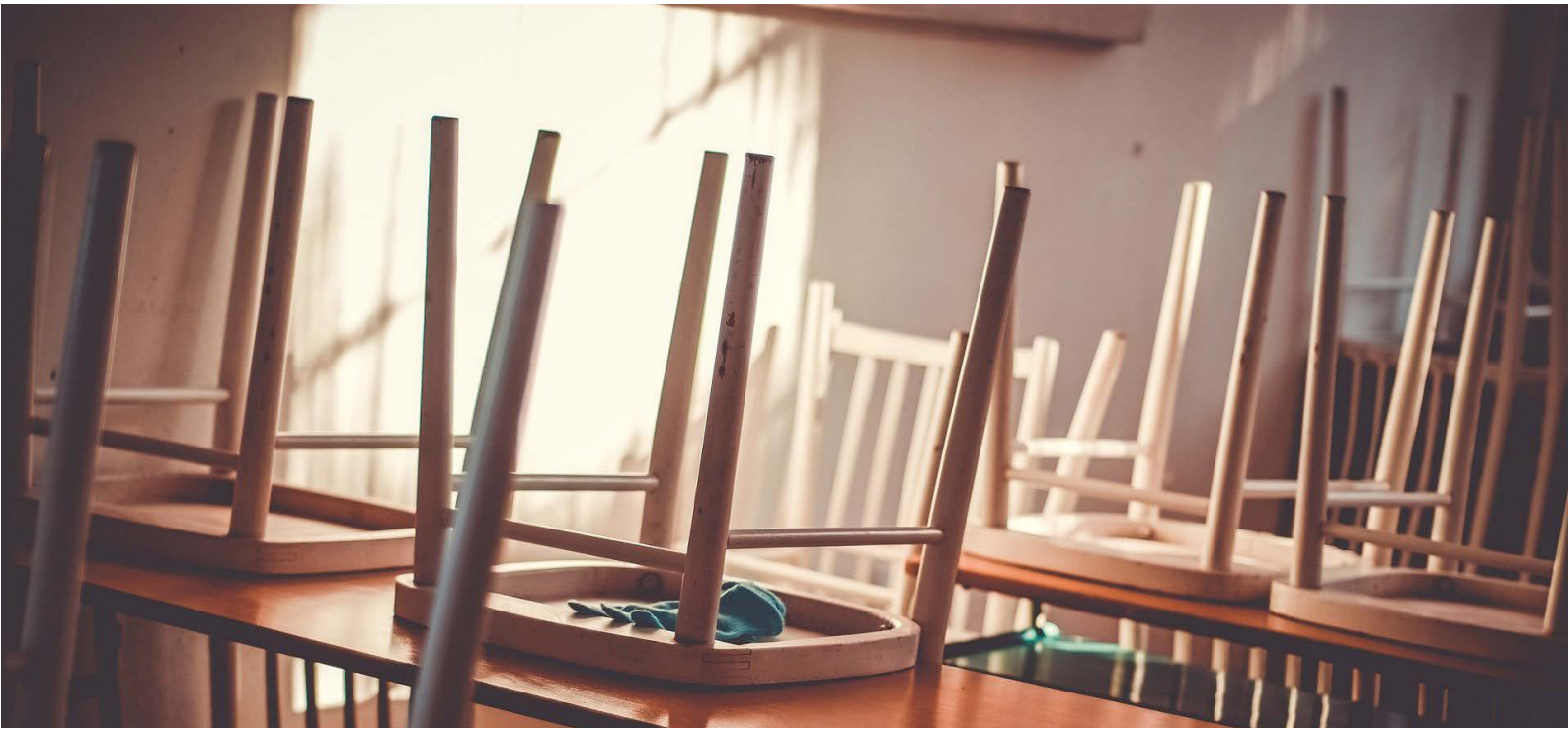
Does technology play a role in suicide risk in adolescents?

In the last decade there has been massive public and scientific interest in the possible connection between technology use and youth mental health. While there were a number of initial high-profile studies depicting a strong association between technology use and adverse mental health outcomes amongst youth, more recent rigorous data indicate that the connection between technology use and youth mental health is more nuanced and likely determined by a multitude of factors including why and how youth are engaging with technology. Interestingly, the trend towards catastrophizing youth mental health during the introduction of new technologies is not a new phenomenon and has been repeated throughout history (e.g., introduction of the radio). While it may be tempting to cast a wide net and conclude that technology use negatively impacts youth mental health, current data does not support this view, and rather indicates that the how and why of technology use may be a more important indicator of risk as compared to general exposure to technology.


SOCIAL MEDIA
& SUICIDE RISK

Is cyberbullying linked to suicide in adolescents?

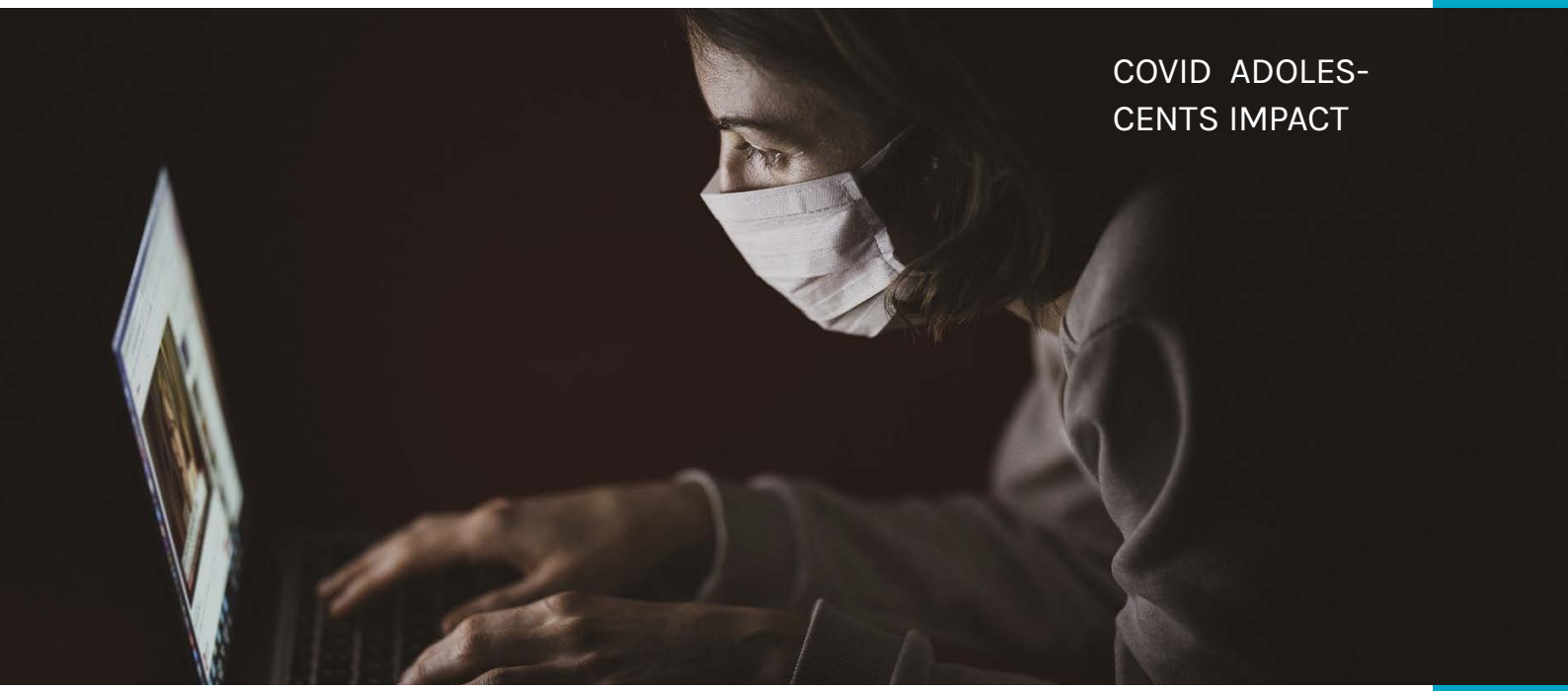
The advent of cyberbullying is one particular area of concern related to adolescent technology use that has been consistently shown to have negative impacts on adolescent mental health. Cyberbullying may be particularly deleterious, because unlike traditional bullying that is limited to school hours, technology use and the constant interaction with digital devices amongst adolescents (e.g., up to 9 hours per day on average) indicates that bullying is no longer limited to school hours and instead can occur at any time during the day and from the safety of one's own home. Recent meta-analysis findings in this area indicate that cyberbullying increases risk for self-harm, suicidal behaviors, suicide attempts, and suicidal thoughts by for those that were victims of cyberbullying. Perhaps surprising to some, those that perpetrated cyberbullying experience increase risk for suicidal behaviors and increase suicidal ideation as compared to those that did not perpetuate cyberbullying, which may be due to the fact that perpetrators of bullying tend to experience lower parental warmth, teasing, harsh discipline, violent conflict, and domestic violence in the home. In addition to cyberbullying, while the internet can be used in beneficial ways as a means to receive social support and learn coping strategies, it can also lead to exposure to information related to suicide and self-harm that has the potential to normalize and trigger self-harm and suicidal behaviors, introduce new methods for self-harm and suicide, and discourage seeking professional help and discussing suicide-related thoughts. Furthermore, exposure to suicide-related materials has been associated with contagion effects during which there may be increased risk for suicidal behaviors. One well-known example can be found in popular television shows, such as Netflix's 13 Reasons Why, which was temporally associated with increased rates of youth hospital admissions for suicide above those that would be expected.



IMPACT OF COVID

COVID-19 has not only resulted in widespread medical complications and loss of life, with an associated reshaping of global economies; it has also transformed daily life, leading to mental health challenges that may be particularly potent among youth. As mentioned above, adolescence is a developmental period characterized by key emotional, social, and biological changes, during which adolescents exhibit increased sensitivity to environmental inputs that can act as a double-edged sword. On the one hand, increased sensitivity assists in adaptive learning as adolescents experience reorientation from parents to peers in order to increase independence and autonomy and develop a sense of self that allows them to successfully transition to adult life. On the other hand, increased environmental sensitivity can be particularly damaging in the context of stressors, such as COVID-19, as is reflected in the increased rates of self-injurious thoughts and behaviors during this time. COVID-19 has essentially derailed many of the normative socioemotional developmental contexts of adolescence, which has reshaped

some of the most salient and important emotional elements that have known associations with mental health and suicidality. For example, COVID-19 has likely led to increased fear of dying, anxieties around contagion and infection and increased irritability and wide mood swings being common. In addition, vitally important public health initiatives to increase physical distancing including formal and personal event cancellations (e.g., graduation, birthday), loss of outdoor activities, and a shift to online schooling, which has greatly reduced or eliminated the indispensable peer relationships that are particularly important during the adolescent years. Furthermore, social distancing efforts have disrupted home routines, including activity, sleep, and diet, while also altering family relationships, leading to increased frustrations with siblings and caregivers. Lastly, since COVID-19 stay-at-home orders began, there has been a large increase in child abuse as families spend more time together and adults deal with an onset of severe stressors. Overall, while most research into the impact of COVID-19 on youth mental health is currently in the collection phase, each of the altered domains listed above have well-known associations with mental health and suicide, which is reflected in recent CDC data indicating that 25% of young adults have considered suicide between July and August. These data highlight the vital importance of youth access to treatment during this pandemic.



SUMMARY

Suicidal ideation and suicidal behavior is relatively common in adolescents, and death by suicide relatively rare; however it remains the second leading cause of death in adolescents aged 15 to 19 years. It is impossible to predict which teens are likely to die by suicide, and every effort is being made to identify children at risk, and perusing treatment aggressively. Several risk factors play a primary role in suicide, psychiatric disorders, primarily depression, psychotic disorders and substance use. A family history of suicide behavior, prior suicide attempt, or a history of physical and sexual abuse are substantial risk factors. Sexual, gender identity, and /or orientation is an additional risk factor for suicidal ideation and behavior.


Don't Be Afraid to Ask

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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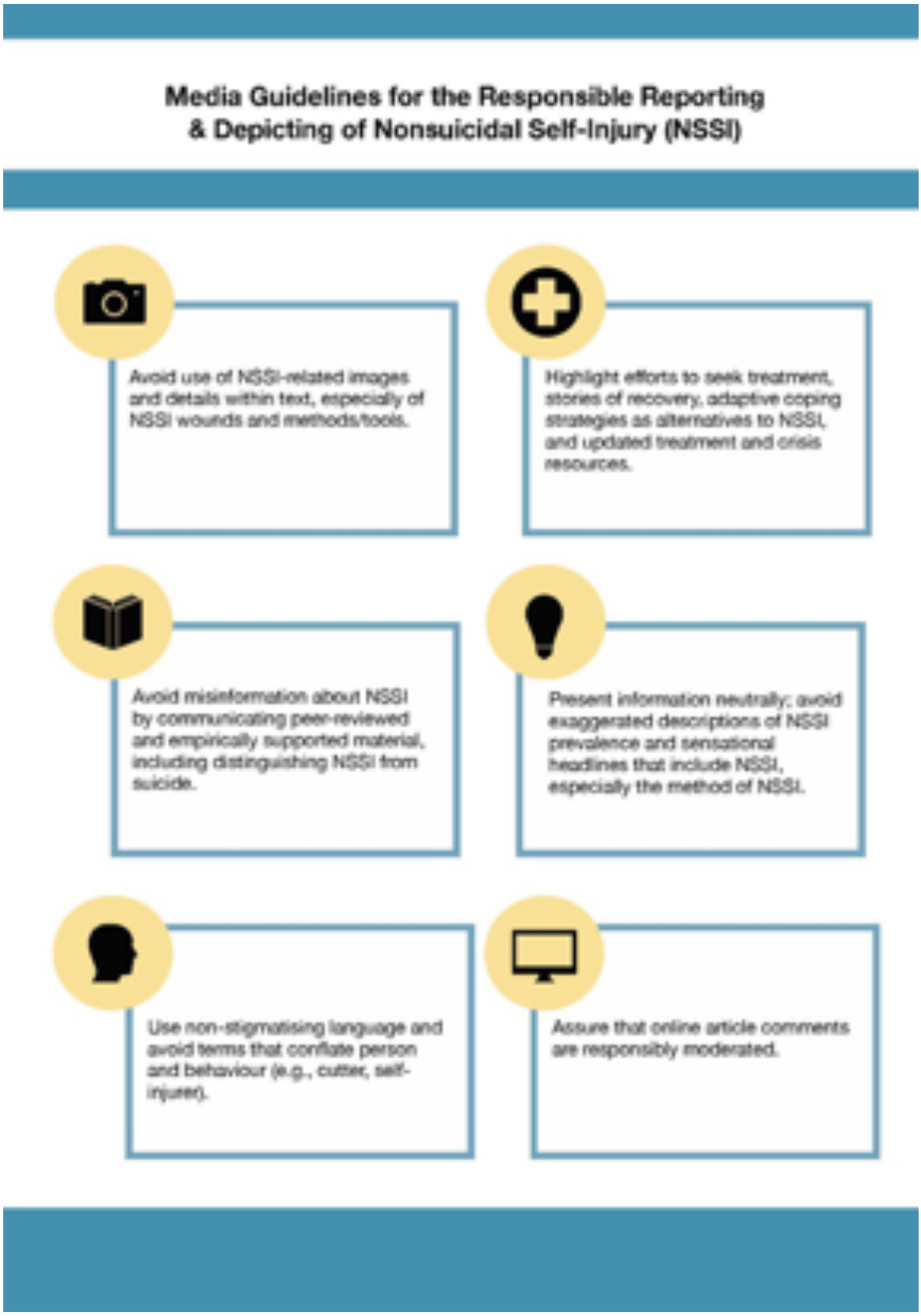
Director of Communications & Deputy Director

Media Finding Experts

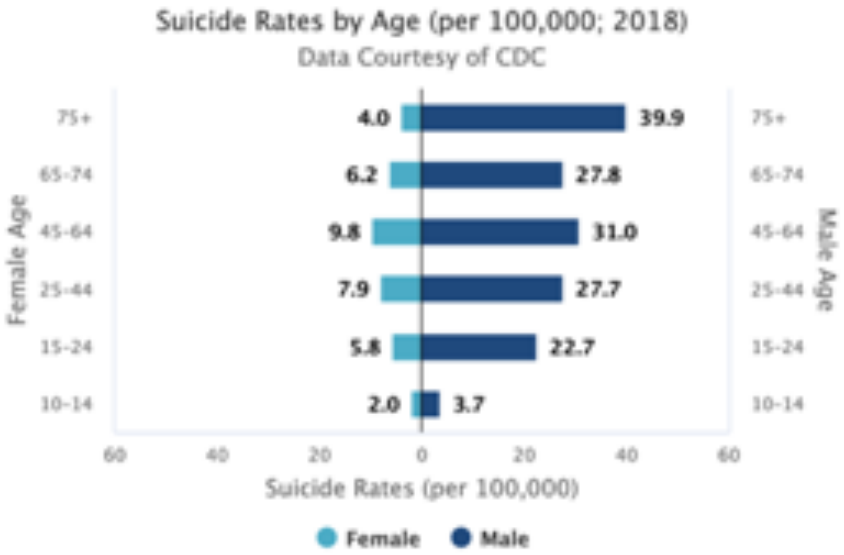
ABCT has a list of speakers and subject matter experts on topics such as PTSD, anxiety, suicide, and more. Details available on the website or by contacting the ABC Press Office.


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

REFERENCES

INTRODUCTION

1. American Foundation for Suicide Prevention, "Risk Factors and Warning Signs," https://bit.ly/2bmWnQx.
2. Anglemyer, A., Horvath, T., & Rutherford, G. (2014). The accessibility of firearms and risk for suicide and homicide victimization among household members: a systematic review and meta-analysis. Annals of internal medicine, 160(2), 101-110.
3. Azrael, D., Hepburn, L., Hemenway, D., & Miller, M. (2017). The stock and flow of US firearms: results from the 2015 National Firearms Survey. RSF: The Russell Sage Foundation Journal of the Social Sciences, 3(5), 38-57.
4. Boudreaux, E. D., Camargo, C. A., Jr, Arias, S. A., Sullivan, A. F., Allen, M. H., Goldstein, A. B., Manton, A. P., Espinola, J. A., & Miller, I. W. (2016). Improving Suicide Risk Screening and Detection in the Emergency Department. American journal of preventive medicine, 50(4), 445–453.
5. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Reports. A yearly average was developed using five years of most recent available data: 2014 to 2018.
6. Cleveland, E. C., Azrael, D., Simonetti, J. A., & Miller, M. (2017). Firearm ownership among American veterans: findings from the 2015 National Firearm Survey. Injury epidemiology, 4(1), 33.
7. Conner, A., Azrael, D., & Miller, M. (2019). Suicide case-fatality rates in the United States, 2007 to 2014: a nationwide population-based study. Annals of internal medicine, 171(12), 885-895.
8. Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? Psychological medicine, 44(16), 3361–3363.
9. Doupnik, S. K., Rudd, B., Schmutte, T., Worsley, D., Bowden, C. F., McCarthy, E., Eggan, E., Bridge, J. A., & Marcus, S. C. (2020). Association of Suicide Prevention Interventions with Subsequent Suicide Attempts, Linkage to Follow-up Care, and Depression Symptoms for Acute Care Settings. JAMA Psychiatry.
10. Food and Drug Administration: Information on Clozapine https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-clozapine
11. Gordon, J. A., Avenevoli, S., & Pearson, J. L. (2020). Suicide prevention research priorities in healthcare. JAMA Psychiatry.
12. Gould, M. S., Marrocco, F. A., Kleinman, M., Thomas, J. G., Mostkoff, K., Cote, J., & Davies, M. (2005). Evaluating iatrogenic risk of youth suicide screening programs: a randomized controlled trial. JAMA, 293(13), 1635–1643.
13. Johnson, R. M., Frank, E. M., Ciocca, M., & Barber, C. W. (2011). Training mental healthcare providers to reduce at-risk patients' access to lethal means of suicide: evaluation of the CALM
14. D. M. (2012). What's the harm in asking about suicidal ideation? Suicide & life-threatening behavior, 42(3), 341–351.
15. Owens, D., Horrocks, J., & House, A. (2002). Fatal and non-fatal repetition of self-harm: systematic review. The British Journal of Psychiatry, 181(3), 193-199.
16. Stone DM, Simon TR, Fowler KA, et al. Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015. MMWR Morb Mortal Wkly Rep 2018;67:617–624.
17. Turecki, G., & Brent, D. A. (2016). Suicide and suicidal behaviour. Lancet (London, England), 387(10024), 1227–1239.
18. US Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, "America's Women Veterans: Military Service History and VA Benefit Utilization Statistics," November 23, 2011.
19. US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, "2005-2017 State Data Appendix," September 2019, https://bit.ly/2Qblicx. A yearly average was developed using five years of most recent available data: 2013 to 2017.
20. US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, "2019 National Suicide \

YOUTH

1. American Academy of Child & Adolescent Psychiatry. (2001). Practice parameter for the assessment and treatment of children and adolescents with suicidal behavior. Retrieved from http://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx
2. CDC. (2014). 1991-2013 High School Youth Risk Behavior Survey Data. http://nccd.cdc.gov/youthonlinehttps://doi.org/10.1136/archdischild-2020-319872
3. Cooper, M. T., Bard, D., Wallace, R., Gillaspy, S., & Deleon, S. (2018). Suicide Attempt Admissions From a Single Children's Hospital Before and After the Introduction of Netflix Series 13 Reasons Why. Journal of Adolescent Health, 63(6), 688–693. https://doi.org/10.1016/j.jadohealth.2018.08.028
4. Dahl, R. E., Allen, N. B., Wilbrecht, L., & Suleiman, A. B. (2018). Importance of investing in adolescence from a developmental science perspective. Nature, 554(7693), 441–450. https://doi.org/10.1038/nature25770
5. Daine, K., Hawton, K., Singaravelu, V., Stewart, A., Simkin, S., & Montgomery, P. (2013). The Power of the Web: A Systematic Review of Studies of the Influence of the Internet on Self-Harm and Suicide in Young People. PLoS ONE, 8(10), e77555. https://doi.org/10.1371/journal.pone.0077555
6. Goldston, D. B. (2003). Measuring suicidal behavior and risk in children and adolescents. Washington, DC: American Psychological Association. doi: 10.1037/10609-000.
7. Gutierrez, P. M. (2006). Integratively assessing risk and protective factors for adolescent suicide. Suicide and Life-Threatening Behavior, 36, 129-135. doi:10.1521/suli.2006.36.2.129
8. Jacobs, D. G., Brewer, M., & Klein-Benheim, M. (1999). Suicide assessment: An overview and recommended protocol. In D. Jacobs (Ed.), The Harvard Medical School guide to suicide assessment and intervention (pp. 3-39). San Francisco, CA: Jossey-Bass.
9. Jensen, M., George, M. J., Russell, M. R., & Odgers, C. L. (2019). Young Adolescents' Digital Technology Use and Mental Health Symptoms: Little Evidence of Longitudinal or Daily Linkages. Clinical Psychological Science, 7(6), 1416–1433. https://doi.org/10.1177/2167702619859336
10. John, A., Glendenning, A. C., Marchant, A., Montgomery, P., Stewart, A., Wood, S., Lloyd, K., & Hawton, K. (2018). Self-Harm, Suicidal Behaviours, and Cyberbullying in Children and Young People: Systematic Review. Journal of Medical Internet Research, 20(4), e129. https://doi.org/10.2196/jmir.9044
11. John, A., Glendenning, A. C., Marchant, A., Montgomery, P., Stewart, A., Wood, S., Lloyd, K., & Hawton, K. (2018). Self-Harm, Suicidal Behaviours, and Cyberbullying in Children and Young People: Systematic Review. Journal of Medical Internet Research, 20(4), e129. https://doi.org/10.2196/jmir.9044
12. Kota, R., & Selkie, E. (2018). Cyberbullying and Mental Health. In M. A. Moreno & A. Radovic (Eds.), Technology and Adolescent Mental Health (pp. 89–99). Springer International Publishing. https://doi.org/10.1007/978-3-319-69638-6_7
13. Kota, R., & Selkie, E. (2018). Cyberbullying and Mental Health. In M. A. Moreno & A. Radovic (Eds.), Technology and Adolescent Mental Health (pp. 89–99). Springer International Publishing. https://doi.org/10.1007/978-3-319-69638-6_7
14. Kuehn, B. M. (2020). Surge in Child Abuse, Harm During COVID-19 Pandemic Reported. JAMA, 324(7), 621. https://doi.org/10.1001/jama.2020.14433
15. Linehan, M. M., Comtois, K. A., & Ward-Ciesielski, E. F. (2012). Assessing and managing risk with suicidal individuals. Cognitive and Behavioral Practice, 19, 218-232. doi:10.1016/j.cbpra.2010.11.008
16. Marchant, A., Hawton, K., Stewart, A., Montgomery, P., Singaravelu, V., Lloyd, K., Purdy, N., Daine, K., & John, A. (2017). A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown. PLOS ONE, 12(8), e0181722. https://doi.org/10.1371/journal.pone.0181722
17. Nock, M. K., Green, J. G., Hwang, I., McLaughlin, K. A., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Prevalence, Correlates, and Treatment of Lifetime Suicidal Behavior Among Adolescents: Results From the National Comorbidity Survey Replication Adolescent Supplement. JAMA Psychiatry, 70(3), 300. https://doi.org/10.1001/2013.jamapsychiatry.55
18. Odgers, C. L., & Jensen, M. R. (2020). Annual Research Review: Adolescent mental health in the digital age: facts, fears, and future directions. Journal of Child Psychology and Psychiatry, 61(3), 336–348. https://doi.org/10.1111/jcpp.13190
19. Orben, A. (2020). The Sisyphean Cycle of Technology Panics. Perspectives on Psychological Science, 15(5), 1143–1157. https://doi.org/10.1177/1745691620919372
20. Pettit, J. W., Buitron, V., & Green, K. L. (2018). Assessment and management of suicide risk in children and adolescents. Cognitive and Behavioral Practice, 25(4), 460-472.

21. Pisano, L., Galimi, D., & Cerniglia, L. (2020). A qualitative report on exploratory data on the possible emotional/behavioral correlates of Covid-19 lockdown in 4-10 years children in Italy. [Preprint]. PsyArXiv. https://doi.org/10.31234/osf.io/stwbn
22. Rathus, J. H., & Miller, A. L. (2002). Dialectical Behavior Therapy adapted for suicidal adolescents. Suicide and Life-Threatening Behavior, 32(2), 146-157.
23. Rudd, M. D., Joiner, T., & Rajab, M. (2001). Treating suicidal behavior: An effective, time-limited approach. Guilford Press.
24. Sidpra, J., Abomeli, D., Hameed, B., Baker, J., & Mankad, K. (2020). Rise in the incidence of abusive head trauma during the COVID-19 pandemic. Archives of Disease in Childhood, archdischild-2020-319872. https://doi.org/10.1136/archdischild-2020-319872
25. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. Cognitive and Behavioral Practice, 19, 256-264.

NON-SUICIDAL SELF INJURY

1. Arshad, U., FarhatulAin, Gauntlett, J., Husain, N., Chaudhry, N., & Taylor, P. J. (2019). A systematic review of the evidence supporting mobile and internetbased psychological interventions for selfharm. Suicide and Life-Threatening Behavior, 50, 151-179
2. Berona, J., Horwitz, A. G., Czyz, E. K., & King, C. A. (2020). Predicting suicidal behavior among lesbian, gay, bisexual, and transgender youth receiving psychiatric emergency services. Journal of Psychiatric Research, 122, 64–69.
3. Fox, K. R., Franklin, J. C., Ribiero, J. D., Kleiman, E. M., Bently, K. H., & Nock, M. K. (2015). Meta-analysis of risk factors for nonsuicidal self-injury. Clinical Psychology Review, 42, 156-167.
4. Glenn, C. R., Esposito, E. C., Porter, A. C., & Robinson, D. J. (2019). Evidence base update of psychosocial treatments for self-injurious thoughts and behaviors in youth. Journal of Clinical Child and Adolescent Psychology, 48, 357-392.
5. Gratz, K. L., & Gunderson, J. G. (2006). Preliminary data on acceptance-based emotion regulation group intervention for deliberate self-harm among women with borderline personality disorder. Behavior Therapy, 37, 25-35.
6. Guan, K., Fox, K. R., & Prinstein, M. J. (2012). Nonsuicidal self-injury as a time-invariant predictor of adolescent suicide ideation and attempts in a diverse community sample. Journal of Consulting and Clinical Psychology, 80, 842–849.
7. Hamza, C. A., Ewing, L., Heath, N. L., & Goldstein, A. L. (2020). When social isolation Is nothing new: A longitudinal study psychological distress during COVID-19 among university students with and without preexisting mental health concerns. Canadian Psychology.
8. Hamza, C. A., Stewart, S. L., & Willoughby, T. (2012). Examining the link between nonsuicidal self-injury and suicidal behavior: A review of the literature and an integrated model. Clinical Psychology Review, 32, 482-495.
9. Hamza, C. A. & Willoughby, T. (2016). A longitudinal person-centered examination of nonsuicidal self-injury among university students. Journal of youth and adolescents, 43, 671-685.
10. Hankin, B. L., & Abela, J. R. Z. (2011). Nonsuicidal self-injury in adolescence: Prospective rates and risk factors in a 2.5 year longitudinal study. Psychiatry Research, 186, 65-70.
11. Hasking, P., Andrews, T., & Martin, G. (2013). The role of exposure to self-injury among peers in predicting later self-injury. Journal of Youth and Adolescence, 42, 1543–1556.
12. International Society for the Study of Self-injury. (2018, May). What is self-injury? Retrieved from:
13. Jacobson, C.M., Muehlenkamp, J., Miller, A.L., & Turner, J.B. (2008). Psychiatric impairment among adolescents engaging in different types of deliberate self-harm. Journal of Clinical Child and Adolescent Psychology, 37, 363-375.
14. Klonsky, E. D., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the practitioner. Journal of Clinical Psychology: In Session, 63, 1045-1056.
15. Latina, D., Bauducco, S., & Tilton, W. L. (2020). Insomnia symptoms and non-suicidal self-injury in adolescence: Understanding temporal relations and mechanisms. Journal of Sleep Research.
16. Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York, NY: Guilford Press
17. Miller, A. B., Eisenlohr, M. T., Glenn, C. R., Turner, B. J., Chapman, A. L., Nock, M. K., & Prinstein, M. J. (2019). Does higher□than□usual stress predict nonsuicidal self□injury? Evidence from two prospective studies in adolescent

and emerging adult females. Journal of Child Psychology and Psychiatry, 60, 1076–1084.
18. Serafini, G., Canepa, G., Adavastro, G., Nebbia, J., Murri, M. B., Erbuto, D., Pocai, B., Fiorillo, A., Pompili, M., Flouri, E., & Amore, M. (2017). The relationship between childhood maltreatment and non-suicidal self-injury: A systematic review. Frontiers in Psychiatry, 8.
19. Smith, D. M., Wang, S. B., Carter, M. L., Fox, K. R., & Hooley, J. M. (2020). Longitudinal predictors of self-injurious thoughts and behaviors in sexual and gender minority adolescents. Journal of Abnormal Psychology, 129, 114–121.
20. Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self□injury in nonclinical samples: Systematic review, meta□analysis and meta□regression. Suicide and Life-Threatening Behavior, 44, 273–303.
21. Victor, S. E., Hipwell, A. E., Stepp, S. D., & Scott, L. N. (2019). Parent and peer relationships as longitudinal predictors of adolescent non-suicidal self-injury onset. Child and Adoelscnet Psychiatry and Mental Health, 13.
22. Walsh, B. (2012). Treating self-injury: a practical guide (2 ed.). New York, Y: The Guilford Press.
23. Wolff, J. C., Thompson, E., Thomas, S. A., Nesi, J., Bettis, A. H., Ransford, B., Scopelliti, K., Frazier, E. A., & Liu, R. T. (2019). Emotion dysregulation and non-suicidal self-injury: A systematic review and meta-analysis. European Psychiatry, 59, 25–36.
24. Xin, M., Lou, S., She, R., Yu, Y., Li, L., Wang, S., ... Lau, J. T. (2020). Negative cognition and psychological ocrrelates of mandatory quarantine during the initial COVID-19 outbreak in China. American Psychologist, 75, 607-617. ocrrelates of mandatory quarantine during the initial COVID-19 outbreak in China. American Psychologist, 75, 607-617.

SEXUAL & GENDER MINORITIES

1. Chang, C. J., Kellerman, J., Feinstein, B.A., Selby, E.A. & Goldbach, J.T. (2020) Greater Minority Stress is Associated with Lower Intentions to Disclose Suicidal Thoughts among LGBTQ + Youth, Archives of Suicide Research.
2. Diamond, G. M., Diamond, G. S., Levy, S., Closs, C., Ladipo, T., & Siqueland, L. (2013). Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings. Psychology of Sexual Orientation and Gender Diversity, 1(S), 91–100.
3. Feinstein, B. A. (2019). The rejection sensitivity model as a framework for understanding sexual minority mental health. Archives of Sexual Behavior, 1-12.
4. Ferlatte, O., Oliffe, J.L., Louie, D.R., Ridge, Damien T., Broom, A. and Salway, T. 2019. Suicide Prevention From the Perspectives of Gay, Bisexual, and Two-Spirit Men. Qualitative Health Research. 29 (8), pp. 1186-1198.
5. Fish, J. N., McInroy, L. B., Paceley, M. S., Williams, N. D., Henderson, S., Levine, D. S., & Edsall, R. N. (2020). "I'm Kinda Stuck at Home With Unsupportive Parents Right Now": LGBTQ Youths' Experiences With COVID-19 and the Importance of Online Support. Journal of Adolescent Health, 67(3), 450-452.
6. Fredriksen□Goldsen KI, Kim H□J, Emlet CA, et al. The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults. Seattle, WA: Institute for Multigenerational Health; 2011. http://age□pride.org/wordpress/wp□content/uploads/2012/10/Full□report10□25□12.pdf.
7. Gibbs, J. J., & Goldbach, J. (2015). Religious conflict, sexual identity, and suicidal behaviors among LGBT young adults. Archives of Suicide Research, 19(4), 472-488.
8. Goldbach, J. T., Rhoades, H., Green, D., Fulginiti, A., & Marshal, M. P. (2018). Is there a need for LGBT-specific suicide crisis services? Crisis.
9. Gonzales, G., de Mola, E. L., Gavulic, K. A., McKay, T., & Purcell, C. (2020). Mental Health Needs Among Lesbian, Gay, Bisexual, and Transgender College Students During the COVID-19 Pandemic. Journal of Adolescent Health.

10. Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., ... & Chan, L. F. (2020). Suicide risk and prevention during the COVID-19 pandemic. The Lancet Psychiatry, 7(6), 468-471.
11. Haas, A. P., & Drescher, J. (2014). Impact of sexual orientation and gender identity on suicide risk: Implications for assessment and treatment. Psychiatric Times, 30(12), 24-25.
12. Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. Pediatrics, 127(5), 896-903.
13. Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. American journal of preventive medicine, 42(3), 221-228.
14. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674.
15. Movement Advancement Project, Johnson Family Foundation, and American Foundation for Suicide Prevention. August 2017. "Talking About Suicide & LGBT Populations." 2nd edition. MAP's Talking About LGBT Issues Series. https://www.lgbtmap.org/talking-about-suicide-and-lgbt-populations
16. Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. Archives of sexual behavior, 42(3), 437-448.
17. Mustanski, B., Newcomb, M. E., & Garofalo, R. (2011). Mental health of lesbian, gay, and bisexual youths: A developmental resiliency perspective. Journal of gay & lesbian social services, 23(2), 204-225.
18. O'Neill, K. (2020). Health vulnerabilities to COVID-19 among LGBT Adults in California. UCLA Williams Institute. https://escholarship.org/content/qt8hc4z2gb/qt8hc4z2gb.pdf
19. Skerrett, D. M., Kõlves, K., & De Leo, D. (2016). Factors related to suicide in LGBT populations. Crisis.
20. Su, D., Irwin, J. A., Fisher, C., Ramos, A., Kelley, M., Mendoza, D. A. R., & Coleman, J. D. (2016). Mental health disparities within the LGBT population: A comparison between transgender and nontransgender individuals. Transgender Health, 1(1), 12-20.
21. The Trevor Project. (2019). National Survey on LGBTQ Mental Health. New York, New York: The Trevor Project.
22. Williams Institute (2019). LGBT Demographic Data Interactive. Los Angeles, CA: The Williams Institute, UCLA School of Law

ADULTS & MID-LIFE

1. #BeThe1To and COVID-19. (n.d.). #BeThe1To. Retrieved August 28, 2020, from https://www.bethe1to.com/bethe1to-and-covid-19/
2. American Association of Suicidology. (n.d.). Warning Signs [Report]. American Association of Suicidology. https://suicidology.org/resources/warning-signs/
3. Arsenault-Lapierre, G., Kim, C., & Turecki, G. (2004). Psychiatric diagnoses in 3275 suicides: A meta-analysis. BMC Psychiatry, 4.
4. Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The Scale for Suicide Ideation. Journal of Consulting and Clinical Psychology, 47(2), 343–352.
5. CDC. (2017). Preventing Suicide: A Technical Package of Policy, Programs, and Practices [Technical Package]. Preventing Suicide: A Technical Package of Policy, Programs, and Practices. https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf
6. CDC. (2018, November 27). More than a mental health problem. Centers for Disease Control and Prevention. https://www.cdc.gov/vitalsigns/suicide/index.html
7. Chesin, M., Yur'yev, A., & Stanley, B. (2016). Psychological treatments for suicidal individuals. In Danuta Wasserman (Ed.), Suicide: An unnecessary death., 2nd ed. (2016-47919-028; pp. 293–307). Oxford University Press.
8. Chu, C., Klein, K. M., Buchman Schmitt, J. M., Hom, M. A., Hagan, C. R., & Joiner, T. E. (2015). Routinized assessment of suicide risk in clinical practice: An empirically informed update. Journal of Clinical Psychology, 71(12), 1186–1200.

9. Curtin, S. C. (2019). Suicide Rates for Females and Males by Race and Ethnicity: United States, 1999 and 2017. 6.
10. Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 General Social Survey. Journal of Affective Disorders, 227, 1–6.
11. Gallyer, A. J., Chu, C., Klein, K. M., Quintana, J., Carlton, C., Dougherty, S. P., & Joiner, T. E. (2020). Routinized categorization of suicide risk into actionable strata: Establishing the validity of an existing suicide risk assessment framework in an outpatient sample. Journal of Clinical Psychology, n/a(n/a), 1–19.
12. Han, B., Kott, P. S., Hughes, A., McKeon, R., Blanco, C., & Compton, W. M. (2016). Estimating the rates of deaths by suicide among adults who attempt suicide in the United States. Journal of Psychiatric Research, 77, 125–133.
13. Hedegaard, H. (2020). Increase in Suicide Mortality in the United States, 1999–2018. 362, 8.
14. Joiner, T. E. Jr., Pfaff, J. J., & Acres, J. G. (2002). A brief screening tool for the suicidal symptoms in adolescents and young adults in general health settings: Reliability and validity data from the Australian National General Practice Youth Suicide Prevention Project. Behaviour Research and Therapy, 40(4), 471–481.
15. Linehan, M. M. (1996). Suicidal Behaviors Questionnaire (SBQ) [Unpublished manuscript]. University of Washington.
16. Office of the Surgeon General (US), & National Action Alliance for Suicide Prevention (US). (2012). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention. US Department of Health & Human Services (US).
17. Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., Currier, G. W., Melvin, G. A., Greenhill, L., Shen, S., & Mann, J. J. (2011). The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. The American Journal of Psychiatry, 168(12), 1266–1277.
18. Ramchand, R., Franklin, E., Thornton, E., Deland, S., & Rouse, J. (2017). Opportunities to intervene? "Warning signs" for suicide in the days before dying. Death Studies, 41(6), 368–375.
19. Runeson, B., & Åsberg, M. (2003). Family History of Suicide Among Suicide Victims. American Journal of Psychiatry, 160(8), 1525–1526.
20. Saxena, S., Krug, E. G., Chestnov, O., & World Health Organization (Eds.). (2014). Preventing suicide: A global imperative. World Health Organization.
21. The Columbia Lighthouse Project. (n.d.). The Columbia Lighthouse Project. Retrieved August 28, 2020, from https://cssrs.columbia.edu/
22. Tucker, R. P., Crowley, K. J., Davidson, C. L., & Gutierrez, P. M. (2015). Risk factors, warning signs, and drivers of suicide: What are they, how do they differ, and why does it matter? Suicide and Life-Threatening Behavior, 45(6), 679–689.
23. Twenge, J. M., & Joiner, T. E. (2020). U.S. Census Bureau-assessed prevalence of anxiety and depressive symptoms in 2019 and during the 2020 COVID-19 pandemic. Depression and Anxiety, n/a(n/a).
24. Wasserman, D., Rihmer, Z., Rujescu, D., Sarchiapone, M., Sokolowski, M., Titelman, D., Zalsman, G., Zemishlany, Z., & Carli, V. (2012). The European Psychiatric Association (EPA) guidance on suicide treatment and prevention. European Psychiatry, 27(2), 129–141.
25. Weissman, M. M., Bland, R. C., Canino, G. J., Greenwald, S., Hwu, H.-G., Joyce, P. R., Karam, E. G., Lee, C.-K., Lellouch, J., Lepine, J.-P., Newman, S. C., Rubio-Stipec, M., Wells, J. E., Wickramaratne, P. J., Wittchen, H.-U., & Yeh, E.-K. (1999). Prevalence of suicide ideation and suicide attempts in nine countries. Psychological Medicine, 29(1), 9–17.

TRAUMA, HIV, CHRONIC & FATAL ILLNESS

1. Anguiano, L., Mayer, D. K., Piven, M. L., & Rosenstein, D. (2012). A Literature Review of Suicide in Cancer Patients. Cancer Nursing, 35(4), E14-E26.
2. Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: a 10-year

prospective study of patients hospitalized with suicidal ideation. Am J Psychiatry, 142(5), 559-563.
3. Bin, W., Xiaofei, A., Xiaohong, S., & Jin-an, Z. (2017). MANAGEMENT OF ENDOCRINE DISEASE: Suicide risk in patients with diabetes: a systematic review and meta-analysis. European Journal of Endocrinology, 177(4), R169-R181.
4. Brown, L. A., Armey, M. A., Sejourne, C., Miller, I. W., & Weinstock, L. M. (2016). Trauma history is associated with prior suicide attempt history in hospitalized patients with major depressive disorder. Psychiatry Research, 243, 191-197.
5. Brown, L. A., Chen, S., Narine, K., Contractor, A. A., & Oslin, D. (2020). DSM-5 PTSD symptom clusters and suicidal ideation in veterans. Psychiatry Research, 288, 112942.
6. Brown, L. A., Contractor, A., & Benhamou, K. (2018). Posttraumatic stress disorder clusters and suicidal ideation. Psychiatry Res, 270, 238-245.
7. Brown, L. A., Fernandez, C. A., Kohn, R., Saldivia, S., & Vicente, B. (2018). Pre-disaster PTSD as a moderator of the relationship between natural disaster and suicidal ideation over time. Journal of Affective Disorders, 230, 7-14.
8. Brown, L. A., Gaudiano, B. A., & Miller, I. W. (2010). The impact of panic-agoraphobic comorbidity on suicidality in hospitalized patients with major depression. Depression and Anxiety, 27(3), 310-315.
9. Brown, L. A., Lynch, K. G., & Cheatle, M. (2020). Pain catastrophizing as a predictor of suicidal ideation in chronic pain patients with an opiate prescription. Psychiatry Research, 286, 112893.
10. Brown, L. A., Majeed, I., Mu, W., McCann, J., Durborow, S., & Blank, M. B. (2020). Suicide risk among persons living with HIV. under review.
11. Bullman, T., Schneiderman, A., & Gradus, J. L. (2019). Relative Importance of Posttraumatic Stress Disorder and Depression in Predicting Risk of Suicide among a Cohort of Vietnam Veterans. Suicide and Life-Threatening Behavior, 49(3), 838-845.
12. Carrieri, M. P., Marcellin, F., Fressard, L., Préau, M., Sagaon-Teyssier, L., Suzan-Monti, M., . . . Spire, B. (2017). Suicide risk in a representative sample of people receiving HIV care: Time to target most-at-risk populations (ANRS VESPA2 French national survey). PLoS One, 12(2)
13. Defrin, R., Ginzburg, K., Solomon, Z., Polad, E., Bloch, M., Govezensky, M., & Schreiber, S. (2008). Quantitative testing of pain perception in subjects with PTSD – Implications for the mechanism of the coexistence between PTSD and chronic pain. PAIN, 138(2), 450-459.
14. Diener, S. J., Wessa, M., Ridder, S., Lang, S., Diers, M., Steil, R., & Flor, H. (2012). Enhanced stress analgesia to a cognitively demanding task in patients with posttraumatic stress disorder. J Affect Disord, 136(3), 1247-1251.
15. Fang, F., Fall, K., Mittleman, M. A., Sparén, P., Ye, W., Adami, H.-O., & Valdimarsdóttir, U. (2012). Suicide and Cardiovascular Death after a Cancer Diagnosis. New England Journal of Medicine, 366(14), 1310-1318.
16. Foa, E. B., McLean, C. P., Zang, Y., Zong, J., Rauch, S., Porter, K., ...& Kauffman, B. (2016). Psychometric properties of the Posttraumatic Stress Disorder Symptoms Scale Interview for DSM-5 (PSSI-5). Psychological Assessment, 28, 1159-1165.
17. Goldston, D. B., Kovacs, M., Ho, V. Y., Parrone, P. L., & Stiffler, L. (1994). Suicidal Ideation and Suicide Attempts among Youth with Insulin-Dependent Diabetes Mellitus. Journal of the American Academy of Child & Adolescent Psychiatry, 33(2), 240-246.
18. Goodwin, R. D., Demmer, R. T., Galea, S., Lemeshow, A. R., Ortega, A. N., & Beautrais, A. (2012). Asthma and suicide behaviors: Results from the Third National Health and Nutrition Examination Survey (NHANES III). Journal of Psychiatric Research, 46(8), 1002-1007.
19. Gradus, J. L. (2018). Posttraumatic Stress Disorder and Death From Suicide. Current Psychiatry Reports, 20(11), 98.
20. Kuo, C.-J., Chen, V. C.-H., Lee, W.-C., Chen, W. J., Ferri, C. P., Stewart, R., . . . Ko, Y.-C. (2010). Asthma and Suicide Mortality in Young People: A 12-Year Follow-Up Study. American Journal of Psychiatry, 167(9), 1092-1099.
21. Lang, K. P., Veazey-Morris, K., & Andrasik, F. (2014). Exploring the role of insomnia in the relation between PTSD and pain in veterans with polytrauma injuries. J Head Trauma Rehabil, 29(1), 44-53.
22. Laurencin, C. T., & McClinton, A. (2020). The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities. J Racial Ethn Health Disparities, 7(3), 398-402.
23. Löfman, S., Hakko, H., Mainio, A., Timonen, M., & Räsänen, P. (2012). Characteristics of suicide among diabetes patients: A population based study of suicide victims in Northern Finland. Journal of Psychosomatic Research, 73(4), 268-271.
24. May, A. M., & Klonsky, E. D. (2016). What Distinguishes Suicide Attempters From Suicide Ideators? A

Meta-Analysis of Potential Factors. Clinical Psychology: Science and Practice, 23(1), 5-20.
25. McLean, C. P., Zang, Y., Zandberg, L., Bryan, C. J., Gay, N., Yarvis, J. S., & Foa, E. B. (2017). Predictors of suicidal ideation among active duty military personnel with posttraumatic stress disorder. Journal of Affective Disorders, 208, 392-398.
26. Misono, S., Weiss, N. S., Fann, J. R., Redman, M., & Yueh, B. (2008). Incidence of suicide in persons with cancer. Journal of clinical oncology : official journal of the American Society of Clinical Oncology, 26(29), 4731-4738.
27. Placido, A., & Sposito, A. C. (2009). Association between suicide and cardiovascular disease: Time series of 27 years. International Journal of Cardiology, 135(2), 261-262.
28. Pompili, M., Forte, A., Lester, D., Erbuto, D., Rovedi, F., Innamorati, M., . . . Girardi, P. (2014). Suicide risk in type 1 diabetes mellitus: A systematic review. Journal of Psychosomatic Research, 76(5), 352-360.
29. Pompili, M., Lester, D., Innamorati, M., De Pisa, E., Amore, M., Ferrara, C., . . . Girardi, P. (2009). Quality of Life and Suicide Risk in Patients With Diabetes Mellitus. Psychosomatics, 50(1), 16-23.
30. Quan, H., Arboleda-Flórez, J., Fick, G. H., Stuart, H. L., & Love, E. J. (2002). Association between physical illness and suicide among the elderly. Soc Psychiatry Psychiatr Epidemiol, 37(4), 190-197.
31. Ramsawh, H. J., Fullerton, C. S., Mash, H. B. H., Ng, T. H. H., Kessler, R. C., Stein, M. B., & Ursano, R. J. (2014). Risk for suicidal behaviors associated with PTSD, depression, and their comorbidity in the U.S. Army. Journal of Affective Disorders, 161, 116-122.
32. Ribeiro, J. D., Pease, J. L., Gutierrez, P. M., Silva, C., Bernert, R. A., Rudd, M. D., & Joiner, T. E., Jr. (2012). Sleep problems outperform depression and hopelessness as cross-sectional and longitudinal predictors of suicidal ideation and behavior in young adults in the military. J Affect Disord, 136(3), 743-750.
33. Rosenberg, E. S., Millett, G. A., Sullivan, P. S., del Rio, C., & Curran, J. W. (2014). Understanding the HIV disparities between black and white men who have sex with men in the USA using the HIV care continuum: a modelling study. The Lancet HIV, 1(3), e112-e118.
34. Sarkar, S., & Balhara, Y. P. S. (2014). Diabetes mellitus and suicide. Indian journal of endocrinology and metabolism, 18(4), 468-474.
35. Schriver, E., Lieblich, S., AlRabiah, R., Mowery, D., & Brown, L. A. (in press). Predicting suicidal ideation across a large healthcare system. Journal of Affective Disorders.
36. Shah, A. J., Veledar, E., Hong, Y., Bremner, J. D., & Vaccarino, V. (2011). Depression and History of Attempted Suicide as Risk Factors for Heart Disease Mortality in Young Individuals. Archives of General Psychiatry, 68(11), 1135-1142.
37. Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010). The interpersonal theory of suicide. Psychol Rev, 117(2), 575-600.
38. Vance, D. E., Ross, J. A., Moneyham, L., Farr, K. F., & Fordham, P. (2010). A Model of Cognitive Decline and Suicidal Ideation in Adults Aging With HIV. Journal of Neuroscience Nursing, 42(3).
39. Weathers, F.W., Blake, D.D., Schnurr, P.P., Kaloupek, D.G., Marx, B.P., & Keane, T.M. (2013). The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5).
40. Webb, R. T., Kontopantelis, E., Doran, T., Qin, P., Creed, F., & Kapur, N. (2012). Suicide Risk in Primary Care Patients With Major Physical Diseases: A Case-Control Study. Archives of General Psychiatry, 69(3), 256-264.
41. Wu, V. C.-C., Chang, S.-H., Kuo, C.-F., Liu, J.-R., Chen, S.-W., Yeh, Y.-H., . . . See, L.-C. (2018). Suicide death rates in patients with cardiovascular diseases – A 15-year nationwide cohort study in Taiwan. Journal of Affective Disorders, 238, 187-193.

VETERANS

1. American Foundation for Suicide Prevention. Risk factors and warning signs. https://afsp.org/about-suicide/risk-factors-and-warning-signs/.
2. American Psychological Association. The mental health needs of veterans, service members and their families. www.apa.org/about/gr/issues/military/mental-health-needs.pdf.
3. American Society of Health-System Pharmacists. Drugs associated with suicidality. www.ashp.org/menu/PracticePolicy/ResourceCenters/Suicidality/Suicidality-Drugs.aspx.
4. Analysis of VA health care utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans. U.S. Department of Veterans Affairs. Released

September 2015. www.publichealth.va.gov/docs/epidemiology/healthcare-utilization-report-fy2015-qtr2.pdf.
5. Annual Report: VA Mental Health Programs and Suicide Prevention Services Independent Evaluation (October 2018). First annual report to Congress written by staff at ERPi, Booz Allen Hamilton and Altarum.
6. Ashrafioun, L., Zerbo, K. R., Bishop, T. M., & Britton, P. C. (2019). Opioid use disorders, psychiatric comorbidities, and risk for suicide attempts among veterans seeking pain care. Psychological medicine, 1-6.
7. Assessment and Management of Risk for Suicide Working Group. VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide. Washington, DC: U.S. Department of Veterans Affairs. June 2013.
8. Bohnert, K. M., Ilgen, M. A., Louzon, S., McCarthy, J. F., & Katz, I. R. (2017). Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration. Addiction, 112(7), 1193-1201.
9. Brenner, L. A., Ignacio, R. V., & Blow, F. C. (2011). Suicide and traumatic brain injury among individuals seeking Veterans Health Administration services. The Journal of head trauma rehabilitation, 26(4), 257-264.
10. Centers for Disease Control and Prevention, Enhanced Evaluation and Actionable Knowledge for Suicide Prevention Series. Suicide Prevention: A Public Health Issue. www.cdc.gov/violenceprevention/pdf/ASAP_Suicide_Issue2-a.pdf.Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Preventing Suicide: A Technical Package of Policy, Programs, and Practices (2017) www.cdc.gov/ violenceprevention/pdf/suicideTechnicalPackage.pdf.
11. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) (2016) www.cdc.gov/injury/wisqars.
12. Centers for Disease Control and Prevention, National Violent Death Reporting System: Annual data on suicide deaths from 18 states, available from WISQARS (www.cdc.gov/injury/wisqars/nvdrs.html)
13. Centers for Disease Control and Prevention, The Public Health Approach to Violence Prevention. www.cdc.gov/violenceprevention/pdf/ph_app_violence-a.pdf.
14. Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System: Data released every two years on suicide ideation and attempts among high school students (www.cdc.gov/healthyyouth/yrbs/index.htm)
15. Cerel, J., Brown, M. M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2019). How Many People Are Exposed to Suicide? Not Six. Suicide & life-threatening behavior, 49(2), 529–534.
16. Dazzi T, Gribble R, Wessely S, Fear NT. (2014) Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? Psychol Med;44:3361-3363.
17. Department of Defense (DoD) Quarterly Suicide Report, available at www.dspo.mil/Prevention/Data-Surveillance/Quarterly-Reports.
18. Department of Defense and Veterans Administration (2013) VA/DoD Clinical practice guideline for the assessment and management of patients at risk for suicide.
19. Department of Veterans Affairs, Office of Suicide Prevention. Suicide Among Veterans and Other Americans, 2001–2014. 3 August 2016.
20. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention. Veteran Suicide Data Report, 2005–2016. September 2018. https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_ 2005-2016_508-compliant.pdf
21. Department of Veterans Affairs/Department of Defense. VA/DoD clinical practice guidelines: management of opioid therapy for chronic pain. www.healthquality.va.gov/guidelines/Pain/cot/.
22. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. MMWR Recomm Rep. 2016;65(1):1-49.
23. DrugFacts: substance abuse in the military. National Institute of Drug Abuse. Revised March 2013. www.drugabuse.gov/publications/drugfacts/substance-abuse-in-military.
24. Eibner, C., Krull, H., Brown, K., Cefalu, A., Mulcahy, A. W., Pollard, M., ... Farmer, C. M. (2016). Current and projected characteristics and unique health care needs of the patient population served by the Department of Veterans Affairs. RAND Health Quarterly, 5(4), 13.
25. Gaeddert, L. A., Schneider, A. L., Miller, C. N., Monteith, L. L., Brenner, L. A., Katon, J., & Hoffmire, C. A. (2020). Recruitment of women veterans into suicide prevention research: Improving response rates with enhanced recruitment materials and multiple survey modalities. Research in Nursing & Health, 43(5), 538-547.

26. Haney EM, O'Neil ME, Carson S, et al. (2012) Suicide Risk Factors and Risk Assessment Tools: A Systematic Review. Washington, DC: U.S. Department of Veterans Affairs. www.ncbi.nlm.nih.gov/pubmedhealth/PMH0042005/.
27. Harrell M, Berglass N. (2011) Losing the Battle: the Challenge of Military Suicide. Washington, DC: Center for New American Security;1-12.
28. Ilgen, M. A., Bohnert, A. S., Ignacio, R. V., McCarthy, J. F., Valenstein, M. M., Kim, H. M., & Blow, F. C. (2010). Psychiatric diagnoses and risk of suicide in veterans. Archives of general psychiatry, 67(11), 1152-1158.
29. Jakupcak M, Cook J, Imel Z, et al. (2009) PTSD as a risk factor for suicidal ideation in Iraq and Afghanistan War veterans. J Traumatic Stress; 22:303-306.
30. Kang, H. K., Bullman, T. A., Smolenski, D. J., Skopp, N. A., Gahm, G. A., & Reger, M. A. (2015). Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars. Annals of epidemiology, 25(2), 96-100.
31. Kaplan, M. S., Huguet, N., McFarland, B. H., & Newsom, J. T. (2007). Suicide among male veterans: a prospective population-based study. Journal of Epidemiology & Community Health, 61(7), 619-624.
32. Kemp J, Bossarte R. Suicide Data Report (2012). Washington, DC: Department of Veterans Affairs; 2012. www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf.
33. Kessler, R. C., Hwang, I., Hoffmire, C. A., McCarthy, J. F., Petukhova, M. V., Rosellini, A. J., ... & Thompson, C. (2017). Developing a practical suicide risk prediction model for targeting high□risk patients in the Veterans Health Administration. International journal of methods in psychiatric research, 26(3), e1575.
37. Krysinska K, Lester D. (2010) Post-traumatic stress disorder and suicide risk: a systematic review. Arch Suicide Res;14(1):1-23.
38. Lam RW. (2012) Onset, time course and trajectories of improvement with antidepressants. Eur Neuropsychopharmacol. 2012;22(suppl 3):S492-S498.
39. Lavigne J. Suicidal ideation and behavior as adverse events of prescribed medications: an update for pharmacists. J Am Pharm Assoc;56:203-206.
40. McCarthy JF, Blow FC, Ignacio RV, Ilgen MA, Austin KL, Valenstein M. (2012). Suicide Among Patients in the Veterans Affairs Health System: Rural-Urban Differences in Rates, Risks and Methods. American Journal of Public Health. 102:S111–117.
41. McCarthy JF, Bossarte R, Katz IR, Thompson C, Kemp J, Hannemann C, Nielson C, Schoenbaum M. (2015). Predictive Modeling and Concentration of the Risk of Suicide: Implications for Preventive Interventions in the US Department of Veterans Affairs. American Journal of Public Health. 105(9):1935–42.
42. McKinney, J. M., Hirsch, J. K., & Britton, P. C. (2017). PTSD symptoms and suicide risk in veterans: Serial indirect effects via depression and anger. Journal of affective disorders, 214, 100-107.
43. Monteith, L. L., Smith, N. B., Holliday, R., Holliman, B. A. D., LoFaro, C. T., & Mohatt, N. V. (2020). "We're Afraid to Say Suicide": Stigma as a Barrier to Implementing a Community-Based Suicide Prevention Program for Rural Veterans. The Journal of Nervous and Mental Disease, 208(5), 371-376.
44. National Strategy for Preventing Veteran Suicide 2018–2028 (2018) Veterans Administration
45. National Veteran Suicide Prevention Annual Report Office of Mental Health and Suicide Prevention (2019) VA.
46. Nichter, B., Hill, M., Norman, S., Haller, M., & Pietrzak, R. H. (2020). Associations of childhood abuse and combat exposure with suicidal ideation and suicide attempt in US military veterans: a nationally representative study. Journal of affective disorders, 276, 1102-1108.
47. Office of Public Affairs. Remarks by Under Secretary for Health David J. Shulkin. (2016) VA conducts nation's largest analysis of veteran suicide. U.S. Department of Veterans Affairs. July 7, 2016. www.va.gov/opa/pressrel/pressrelease.cfm?id=2801.
48. Price, R.A., Sloss, E. M., Cefalu, M., Farmer, C. M., & Hussey, P. S. (2018). Comparing quality of care in Veterans Affairs and non-Veterans Affairs settings. Journal of General Internal Medicine, 33 (10), 1631–1638.
49. PTSD: National Center for PTSD. (2015) How common is PTSD? U.S. Department of Veterans Affairs. www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp.
50. PTSD: National Center for PTSD. PTSD VA website. http://www.ptsd.va.gov/public/.
51. Rate, C., & Person-Years, S. M. R. (1990). Risk of suicide among US veterans after returning from the Iraq or Afghanistan war zones. US Army, 264(17), 2241-2244.
52. Richards D. (2011) Prevalence and clinical course of depression. A review. Clin Psychol Rev;31(7):1117-1125.
53. Ronzitti, S., Loree, A. M., Potenza, M. N., Decker, S. E., Wilson, S. M., Abel, E. A., ... & Goulet, J. L. (2019). Gender differences in suicide and self-directed violence risk among veterans with post-traumatic stress

and substance use disorders. Women's health issues, 29, S94-S102.
54. Rudd, M. D., Goulding, J., & Bryan, C. J. (2011). Student veterans: A national survey exploring psychological symptoms and suicide risk. Professional Psychology: Research and Practice, 42(5), 354.
55. SAMHSA's National Survey on Drug Use and Health: Annual survey that, since 2008, questions on suicidal thoughts and behaviors among adults (www.oas.samhsa.gov/nsduh.htm)
56. Seal KH, Metzler TJ, Gima KS, et al. (2009) Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs Health Care, 2002-2008. Am J Public Health;99(9):1651-1685.
57. Seal KH, Shi Y, Cohen BE, et al. (2012) Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. JAMA;307(9):940-947.
58. Selvaraj V, Veeravalli S, Ramaswamy S, et al. (2010) Depression, suicidality and antidepressants: a coincidence? Indian J Psychiatry;52(1):17-20.
59. Sher L, Braquehais MD, Casas M. (2012) Posttraumatic stress disorder, depression, and suicide in veterans. Cleve Clin J Med;79(2):92-97.
60. Shiner, B., Peltzman, T., Cornelius, S. L., Gui, J., Forehand, J., & Watts, B. V. (2020). Recent trends in the rural–urban suicide disparity among veterans using VA health care. Journal of behavioral medicine, 1-15.
61. Smith EG, Craig TJ, Ganoczy D, et al. (2012) Treatment of veterans with depression who die from suicide: timing and quality of care at last Veterans Health Administration visit. J Clin Psychiatry;72(5):622-629.
62. Steele, I. H., Thrower, N., Noroian, P., & Saleh, F. M, (2017). Understanding suicide across the lifespan: A United States perspective of suicide risk factors, assessment and management. Journal of Forensic Sciences, 63 (1), 162–171.
63. Substance Abuse and Mental Health Services Administration (SAMHSA), Center for the Application of Prevention Technologies, Risk and Protective Factors (2015). www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors#universal-prevention-interventions.
64. Tanielian T, Jaycox LH, eds.(2008) Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. Santa Monica, CA: Center for Military Health Policy Research.
65. Turecki, G., Brent, D.A. (2016). Suicide and suicidal behavior. Lancet. 387:1227–39.
66. U.S. Department of Veterans Affairs (2017). Living Veterans by Period of Service, Gender, 2015-2045,
67. U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Statistics at a Glance (2017).
68. U.S. Department of Veterans Affairs (2017)National Center for Veterans Analysis and Statistics, VA Utilization Profile FY 2016 .
69. U.S. Department of Veterans Affairs, Office of Suicide Prevention, Suicide Among Veterans and Other Americans 2001–2014 (2016) www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf.
70. Valenstein M, Kim HM, Ganoczy D, et al. (2012)Antidepressant agents and suicide death among US Department of Veterans Affairs patients in depression treatment. J Clin Psychopharmacol;32(3):346-353.
71. Veterans Affairs Office of Suicide Prevention. Suicide among veterans and other Americans: 2001-2014. (2016). www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf.
72. Veterans Health Administration (2018). VA Office of Mental Health and Suicide Prevention Guidebook. Washington, DC.
73. Veterans Health Administration.(2017) One in ten older vets is depressed. www.va.gov/health/NewsFeatures/20110624a.asp.
74. Watkins, K.E., Smith, B., Akincigil, A., Sorbero, M. E., Paddock, S., Woodroffe, A., ... Pincus, H.A. (2016). The quality of medication treatment for mental disorders in the Department of Veterans Affairs and in private sector plans. Psychiatric Services, 67, 391–396.
75. Wilks, C. R., Morland, L. A., Dillon, K. H., Mackintosh, M. A., Blakey, S. M., Wagner, H. R., ... & Elbogen, E. B. (2019). Anger, social support, and suicide risk in US military veterans. Journal of psychiatric research, 109, 139-144.
76. Wisco BE, Marx BP, Wolf EJ, et al. (2014) Posttraumatic stress disorder in the US veteran population: results from the National Health and Resilience in Veterans Study. J Clin Psychiatry; 75(12):1338-1346.
77. Zalsman G, Hawton, K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, ... Zohar J. (2016). Suicide prevention strategies revisited: 10-year systematic review. Lancet. 3:646–59.

OLDER ADULTS

1. Alexopoulos GS, Bruce ML, Hull J, Sirey JA, Kakuma T. (1999) Clinical determinants of suicidal ideation and behavior in geriatric depression. Arch Gen Psychiatry;56(11):1048-53.
2. Ahmedani BK, Simon GE, Stewart C, Beck A, Waitzfelder BE, Rossom R, ...Solberg LI (2014) Health care contacts in the year before suicide death. Journal of General Internal Medicine 29(6), 870-877.
3. Bhatt M, Perera S, Zielinski L, Eisen RB, Yeung S, El-Sheikh W, et al. (2018) Profile of suicide attempts and risk factors among psychiatric patients: A case-control study. PLoS ONE 13(2): e0192998.
4. Bertolote, J. M., & De Leo, D. (2012). Global suicide mortality rates–A light at the end of the tunnel? Crisis: The Journal of Crisis Intervention and Suicide Prevention, 33(5), 249–253.
5. Betz ME, Arias SA, Segal DL, Miller I, Camargo CA Jr, Boudreaux ED. (2016) Screening for Suicidal Thoughts and Behaviors in Older Adults in the Emergency Department. J Am Geriatr Soc. Oct;64(10):e72-e77.
6. Britton PC, Duberstein PR, Conner KR, Heisel MJ, Hirsch JK, Conwell Y. (2008) Reasons for living, hopelessness, and suicide ideation among depressed adults 50 years or older. Am J Geriatr Psychiatry;16(9):736-41.
7. Centers for Disease Control and Prevention, National Center for Injury Prevention and control. Web-based Injury Statistics Query and Reporting System (WISQARS)
8. Centers for Disease Control and Prevention (CDC). Homicides and suicides—National Violent Death Reporting system. United States 2003-2004. MMWR Morb Mortal Wkly Rep 2006; 55:72
9. Cipriani A, Hawton K, Stockton S, Geddes JR. Lithium in the prevention of suicide in mood disorders: updated systematic review and meta-analysis. BMJ 2013;346; f3646
10. Conner, K. R., Houston, R. J., Swogger, M. T., Conwell, Y., You, S., He, H., ... & Duberstein, P. R. (2012). Stressful life events and suicidal behavior in adults with alcohol use disorders: Role of event severity, timing, and type. Drug and alcohol dependence, 120(1-3), 155-161.
11. Conwell Y, Lyness JM, Duberstein P, et al. (2000) Completed suicide among older patients in primary care practices: a controlled study. J Am Geriatr Soc; 48(1); 23-29]
12. Conwell Y, Duberstein PR. Suicide in elders. (2001) Ann N Y Acad Sci.; 932:132-47; discussion 47-50.
13. Conwell Y, Duberstein P, Caine E. (2002). Risk factors for suicide in later life. Biological psychiatry. 52. 193-204. 10.1016/S0006-3223(02)01347-1.
14. Conwell Y, Thompson C. (2008) Suicidal behavior in elders. Psychiatr Clin North Am;31(2):333-56.
15. Conwell Y, Duberstein PR, Hirsch JK, Conner KR, Eberly S, Caine ED. (2010) Health status and suicide in the second half of life. Int J Geriatr Psychiatry;25(4):371-9.
16. Conwell Y, Van Orden, K., Caine, ED. (2011). Suicide in Older Adults. The Psychiatric Clinics of North America, 34(2), 451–468.
17. Crosby AE, Cheltenham MP, & Sacks JJ (1999). Incidence of suicidal ideation and behavior in the United States, 1994. Suicide and Life-Threatening Behavior, 29 (2), 131-140.
18. Edwards SJ1, Sachmann MD (2010) No-suicide contracts, no-suicide agreements, and no-suicide assurances: a study of their nature, utilization, perceived effectiveness, and potential to cause harm. Crisis.;31(6):290-302.
19. Erlangsen A, Stenager E, Conwell Y. Physical diseases as predictors of suicide in older adults: a nationwide, register-based cohort study. Soc Psychiatry Psychiatr Epidemiol (2015) 50:1427-1439
20. Fassberg, MM, Cheung G, Canetto, et al. (2016)A systematic review of physical illness, functional disability, and suicidal behavior among older adults. Aging & Mental Health; Vol 20, No 2, 166-194
21. Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. Annual review of clinical psychology, 5, 363–389.
22. Fung YL, Chan ZC. (2011) A systematic review of suicidal behavior in old age: a gender perspective. J Clin Nurs; 20(15–16):2109–24.)
23. Heikkinen ME, Lonnqvist JK.(1995) Recent life events in elderly suicide: a nationwide study in Finland Int Psychogeriatr; 7:287-300
24. Isometsä, E. (2014). Suicidal Behavior in Mood Disorders—Who, When, and Why? Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie, 59(3), 120–130.
25. Kiosses DN, Szanto K, Alexopoulos GS. (2014) Suicide in Older Adults: the role of Emtions and Cognition. Curr Psychiatry Rep 16:495. Geriatric Disorders (W Mcdonald, Section Editor) springer.
26. Koo, Y. W., Kõlves, K., & De Leo, D. (2017). Suicide in older adults: differences between the young-old, middle-old, and oldest old. International psychogeriatrics, 29(8), 1297.

27. Lapierre, S., Erlangsen, A., Waern, M., De Leo, D., Oyama, H., Scocco, P., (2011) The International Research Group for Suicide among the Elderly. A Systematic Review of Elderly Suicide Prevention Programs. Crisis, 32(2), 88–98.
28. Luoma JB, Martin CE, Pearson JL. (2002) Contact with mental health and primary care providers before suicide: a review of evidence. Am J Psychiatry; 159 (6): 909-916.
29. National Center for Injury Prevention and Control(2018). Suicide rising across the US.
30. Nelson C J, Delucchi K L, Schneider LS, (2013) Moderators of Outcome in Late-Life Depression: A Patient-Level Meta-Analysis. Am J Psychiatry 170:6.
31. O'Connell H, Chin AV, Cunningham C, Lawlor BA. (2004) Recent developments: suicide in older people. BMJ;329(7471):895-9.
32. Podgorski CA, Langford L, Pearson JL, Conwell Y (2010) Suicide Prevention for Older Adults in Residential Communities: Implications for Policy and Practice. PLoS Med 7(5): e1000254.
33. Purcell B, Heisel MJ, Speice J, Franus N, Conwell Y, Duberstein PR. (2012) Family connectedness moderates the association between living alone and suicide ideation in a clinical sample of adults 50 years and older. Am J Geriatr Psychiatry;20(8):717-23.
34. Raue, P. J., Ghesquiere, A. R., & Bruce, M. L. (2014). Suicide Risk in Primary Care: Identification and Management in Older Adults. Current Psychiatry Reports, 16(9), 466.
35. Shea SC. The Chronological Assessment of Suicide Events: a practical interviewing strategy for the elicitation of suicidal ideation. (1998) J Clin Psychiatry;59 Suppl 20:58-72.
36. Shea SC. The interpersonal art of suicide assessment: Interviewing techniques for uncovering suicidal intent, ideation, and actions. In: Simon RI, Hales RE, editors. The American Psychiatric Publishing Textbook of Suicide Assessment and Management, 2nd Edition. Washington, D.C.: American Psychiatric Publishing, Inc.; 2012. p. 29-56.
37. Stevens, J. A., & Lee, R. (2018). The potential to reduce falls and avert costs by clinically managing fall risk. American journal of preventive medicine, 55(3), 290-297.
38. Suresh Kumar, P. N., Anish, P. K., & George, B. (2015). Risk factors for suicide in elderly in comparison to younger age groups. Indian Journal of Psychiatry, 57(3), 249–254.
39. Tu, Y. A., Chen, M. H., Tsai, C. F., Su, T. P., Bai, Y. M., Li, C. T., Lin, W. C., Liu, M. E., Pan, T. L., Chen, T. J., & Tsai, S. J. (2016). Geriatric Suicide Attempt and Risk of Subsequent Dementia: A Nationwide Longitudinal Follow-up Study in Taiwan. The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry, 24(12), 1211–1218.
40. Van Orden KA, Witte TK, Cukrowicz KC, Braithwaite SR, Selby EA, Joiner TE, Jr. (2010) The interpersonal theory of suicide. Psychological review;117(2):575-600.
41. Van Orden K, Conwell Y. Suicides in late life. (2011) Curr Psychiatry Rep; 13(3):234-41.
42. Van Orden KA, Cukrowicz KC, Witte TK, Joiner TE. (2012) Thwarted belongingness and perceived burdensomeness: construct validity and psychometric properties of the Interpersonal Needs Questionnaire. Psychol Assess;24(1):197-215.
43. Van Orden, K.A., Wiktorsson S, Duberstein P, Berg AI, Fassberg MM, Waern M. (2014) Reasons for attempted suicide in later life The American Journal of Geriatric Psychiatry, 23, 536-544
44. Van Orden KA, and Conwell Y. (2016). Issues in research on aging and suicide Aging & Mental Health, Vol. 20, No. 2, 240_251.
45. Voaklander DC, Rowe BH, Dryden DM. (2008) et al Medical illness, medication use and suicide in seniors: a population-based case–control study. Journal of Epidemiology & Community Health; 62:138-146.
46. Waern M. Runeson BS, Allebeck P., et al. (2002) Mental disorder in elderly suicides: a case-control study. Am J Psychiatry: 159:450
47. Wand APF, Peisah C, Draper B, Brodaty H. (2018) Why Do the Very Old Self Harm? A Qualitative Study. Am J Geriatr Psychiatry. Mar 15. pii: S1064-7481(18)30262-8.
48. World Health Organization. (2014). Preventing suicide: A global imperative. Geneva: World Health Organization-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SUICIDE