

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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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 commitment to those in your care.

in gratitude

YOUTH 5 TO 24 YEARS



Mitch Prinstein, Ph.D.



Maya Massing-Schaffer, M.A.



Benjamin W Nelson, Ph.D.

SEXUAL & GENDER MINORITIES



Ilana Seager van Dyk, Ph.D.



Lily Brown, Ph.D.



Peggy Andover, Ph.D.

ADULTS & MID-LIFE



Emily Bilek, Ph.D.

OLDER ADULTS & VETERANS



Rita Hitching, M.Sc.

WELCOME

Welcome to inaugural Briefing Books (BB) initiative. The BB initiative is an effort by the Association for Behavioral and Cognitive Therapies (ABCT) to provide easily accessible information on a range of temporally sensitive topics that affect everyone. This year we are including the coronavirus pandemic and it's possible impact in the wellbeing of our community. In future, ABCT will look to add additional topics in the coming months and years.

WHY SUICIDE

Our first Briefing Books (BB) issue is being release at a time when our society is experiencing an unprecedented level of stress. The global coronavirus pandemic has led to a substantial increase in the number of people experiencing anxiety and depression; in addition, 2020 has highlighted many social injustices and inequities. Emotionally demanding circumstances, persistent stress, and depression are strong risk factors for suicide. Consequently, we decided to focus our first BB initiative on death by suicide. When a someone ends their own life, the impact is felt by family, friends, and the entire community, and often, long after the event.

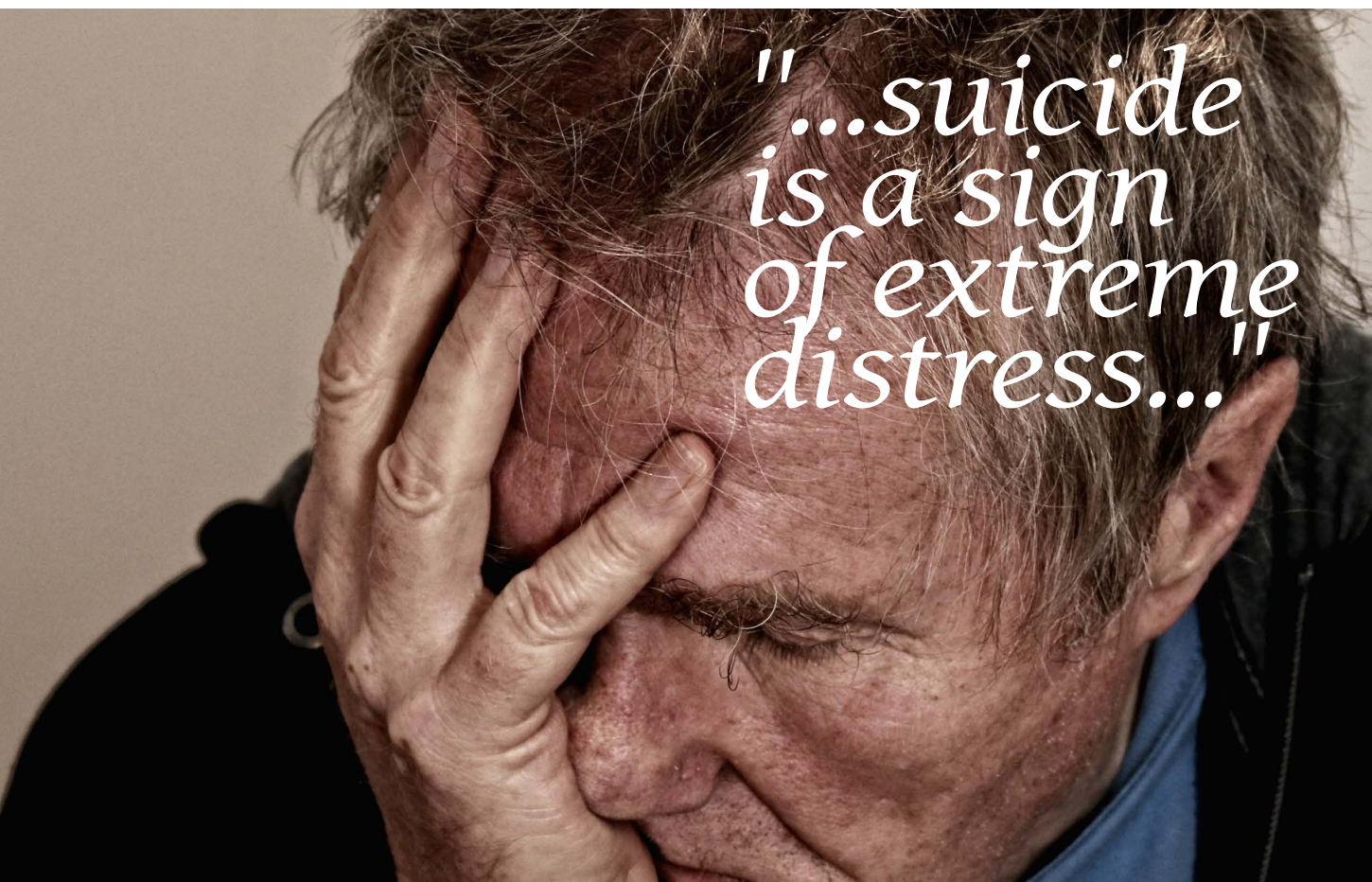


Editor's Letter

SUICIDE
OVERVIEW

The suicide rate in the U.S. has been steadily increasing over the past 2 decades, 31% since 2001. In 2018 alone, more than 48,000 Americans died by suicide. For every suicide that is completed, 25 other individuals will make a suicide attempt. That means that there are more than a million suicide attempts annually. Suicide is a leading cause of mortality, and its impact is wide-reaching. Serious physical or brain injuries may occur as a consequence of a suicide attempt, and it may precipitate or exacerbate mental health concerns. The National Institute of Mental Health (NIMH)

defines suicide as an intent to die as a result of self-injurious behavior; and a suicide attempt as self-injurious behavior, with the intention to die, but that was not -fatal. Suicidal ideation and intent refers to the thought processes associated with the desire to die by suicide and any planned behavior to that end. In the US, on a typical day, 93 people end their lives through suicide, with 20 of those being Veterans. Suicide is the 2nd leading cause of death among those aged 10-34, and the 4th leading cause in those aged 35-54 years.



Across all age groups, suicide is the 10th leading cause of death. The National Institute of Mental Health (NIMH) in conjunction with the National Action Alliance for Suicide Prevention (NAASP) have pledged to reduce the US suicide rate by 20% by 2025. The NIMH and NAASP are hoping to meet their target reduction by recommending frequent screening and assessment of risk of death by suicide across all age groups, even in cases of minimally suspected risk. It is estimated that 75% of all Americans who attempt suicide visit their healthcare professional in the preceding month, and increasing screening

seems like an important step in suicide prevention. Research shows that the addition of suicide screening at all emergency care settings as part of standard care has led to a twofold increase in risk detection. Suicide is a complex behavior. Some sections of the populations are at higher risks than others, and no single cause or explanation is currently available for why people attempt suicide.

*"...suicide
occurs
in every
country in
the world..."*



An abstract digital-themed background featuring a dark silhouette of a hand reaching out from the left. The background is filled with a dense, overlapping pattern of numbers in various colors (blue, green, orange, red) and sizes, creating a sense of depth and complexity. The overall aesthetic is high-tech and somber.

SUICIDE MULTIPLE RISK FACTORS

Research suggests that there are many risk factors for death by suicide, including:

- A psychiatric disorder, such as depression, substance abuse or family history of those conditions;
- Prior suicide attempt or family history of suicide;
- Exposure to suicidal behavior by peers and celebrities;
- History of family violence, trauma, including physical and sexual abuse;
- Chronic pain and certain medical conditions;
- Recent release from prison;
- Access to lethal means, including firearms in the home.

[illegible]

stressful events, individual resilience and vulnerability differences, personal history, potential trigger events, such as loss or exposure to other's suicide, can further increase someone's risk for suicide. Suicide most often occurs when stressors outweigh a person's ability to cope, particularly in individuals with a mental health condition. Approximately 90% of people who died by suicide have a co-occurring mental disorder; such as depression, substance abuse, and PTSD. Suicide



RESILIENCE & VULNERABILITY

Suicide rates are 3.5 times more common in men than in women, and white males make up approximately 70% of suicide deaths. Overall, males are more likely to die by suicide; however, females attempt suicide more often than men. The typically more lethal means, such as suffocation and firearms, used by males (compared to the use of poisoning by females) likely accounts for the greater incidence of suicide deaths among men. While white, older males have the highest rate of death by suicide, among minority ethnic groups American

Indians and Alaskan Natives tend to have the highest rate of suicide. African Americans and Hispanics tend to have the lowest rates. The most frequent method of completed suicide is by firearms, which account for almost half of suicides. In the geriatric population, the estimate is 4 suicide attempts for every 1 death by suicide. Given the high rate of lethality of suicide attempts among this population, and the high prevalence in older males, informed our decision to include a section for older adults. Between 2005 and 2017, the rate of suicide by

firearm increased by 33% for Veterans and 23% for non-veterans. In 2017, 69.4% of Veterans who died by suicide used a firearm. In addition we have incorporated special populations, such as those with a history of trauma, or chronic/life threatening illness. Research has shown that lesbian, gay, and bisexual youth are 47% more likely to attempt suicide than straight identifying youth. Transgender adults have a 12-fold increase in suicide attempts, compared to other adults. In order to accommodate for the unique experiences of this population we have included a section on sexual and gender minorities. We have a section devoted to Veterans due to their unique experiences. The

inclusion of non-suicidal self-injury is intended to round off the consideration of risk factors that are not suicidal per se, but may be precursors to suicide. Not everyone who attempts suicide has known risk factors, and suicidal thoughts and behavior should not be ignored. Suicide is a sign of extreme distress, and not a normal response to stress. There is no evidence that discussing or asking about suicidal ideation cause an increase in suicidal risk. Research shows that asking about suicidal ideation decreases the risk of suicidal behavior, and has been shown to contribute towards improvements in mental health in those seeking treatment.



We have a section devoted to Veterans due to their unique experiences. The inclusion of non-suicidal self-injury is intended to round off the consideration of risk factors that are not suicidal per se, but may be precursors to suicide. Not everyone who attempts suicide has known risk factors, and suicidal thoughts and behavior should not be ignored. Suicide is a sign of extreme distress, and not a normal response to stress. There is no evidence that discussing or asking about suicidal ideation cause an increase in suicidal risk. Research shows that asking about suicidal ideation decreases the risk of suicidal behavior, and has been shown to contribute towards improvements in mental health in those seeking treatment. The world is engulfed in the ongoing stress and uncertainty related to the COVID-19 pandemic. Recommendations for sheltering in place have led to isolation and loneliness, health concerns, financial strain and uncertainty, loss of employment, and reduced access to sources of support. It is essential that we all promote a sense of belonging and connectedness as essential to foster resilience and to prevent the risk of suicide. Each death by suicide is devastating; a better understanding risk factors, assessment tools, and treatments can help us prevent the legacy of suicide.



Rita Hitching



*only in darkness can
you see the stars*

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.

Email: teisler@ABCT.org



David Teisler, CAE

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-injured).

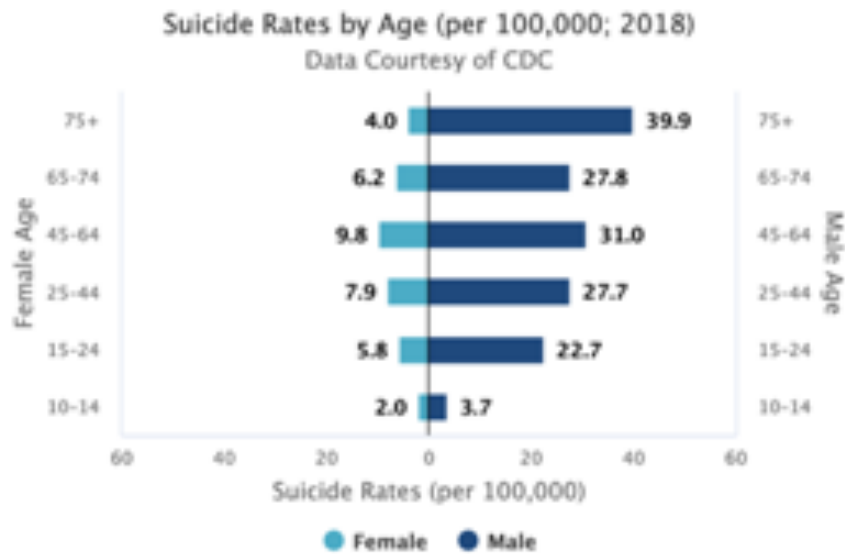


Assure that online article comments are responsibly moderated.

SUICIDE STATISTICS

Leading Cause of Death in the United States (2018) Data Courtesy of CDC							
Rank	Select Age Groups						
	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

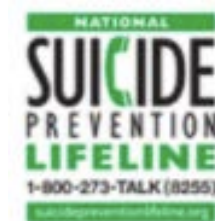
CLRD: Chronic Lower Respiratory Disease



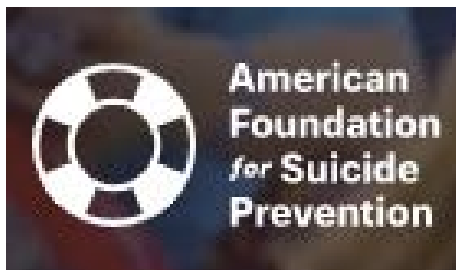
USEFUL RESOURCES



www.veteranscrisisline.net



www.suicidepreventionlifeline.org



www.afsp.org



www.theactionalliance.org

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BRIEFING BOOKS

SUICIDE