The Scope of the Problem

Suicidal Behavior

PREVENT

The Scope of the Problem-Suicide

At the completion of this lesson, you will be able to:

- Define suicide and suicidal behavior
- Define and describe the general scope of this problem in the U.S. (occurrence and consequences)
- Identify the populations/groups most likely to be perpetrators and victims and the factors placing them at risk, as well as protective factors that may reduce risk
- List the resources for further study as well as the organizations working to prevent this form of violence

Overview

"Suicide can be prevented – if treated like any other public health threat. The first step is knowledge."

Suicide, also referred to as self-directed violence, is a serious public health problem that devastates individuals, families and communities, exacting huge human and economic costs. Suicide can be prevented if treated like any other public health problem. Knowledge is the first step to addressing this serious public health problem.

Suicide evokes difficult and uncomfortable reactions in most people. Too often, victims are blamed and surviving friends and family members are stigmatized or suffer tremendous guilt for not having been able to prevent it. Consequently, suicide is shrouded in secrecy. This limits the amount of available information that is crucial to suicide prevention activities.

Range of suicidal behavior

- **Suicidal Ideation – thoughts of self-harm with intent to die**
- **Suicide Plan– creation of a plan to die by self-harm**
- **Suicide Attempt – behavior resulting in self-harm with suicidal intent**
- **Suicide – death by self-harm with suicidal intent**

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There is a range of suicide behavior that begins with

Suicidal ideation and thoughts of self-harm with intent to die. The next phase is the creation of a plan to die by self-harm followed by an actual suicide attempt, or behavior resulting in self-harm with suicidal intent, and finally, Suicide - death by self-harm with suicidal intent.

Occurrence

- 11th leading cause of death in U.S.
  - 31,484 Americans died by suicide in 2003
- Homicide was ranked the 14th leading cause of death in 2003.

Suicide was the 11th leading cause of death in the United States in 2003.

According to the CDC, 31,484 Americans completed suicide in 2003 (CDC 2006). By comparison Homicide was ranked the 14th leading cause of death in the United States for that same year.

Occurrence

- 187,116 Americans hospitalized following suicide attempts in 2004
- 238,534 seen for suicide attempts in emergency departments in 2004 (not hospitalized)

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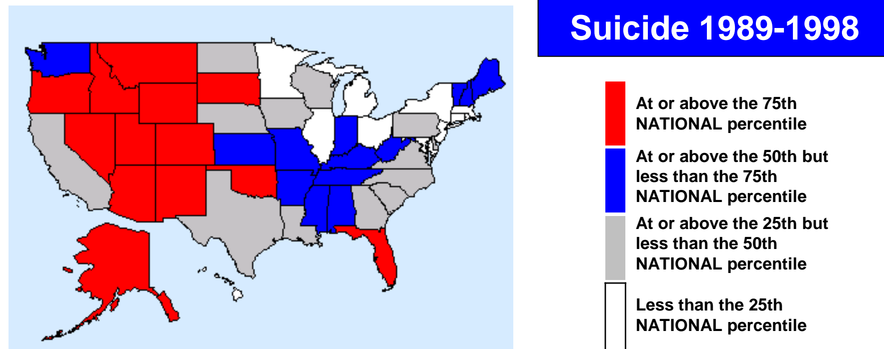
In 2004, 187,116 individuals were hospitalized following suicide attempts; 238,534 were seen in emergency departments for suicide attempts (CDC 2006).

Occurrence

- Regional variations



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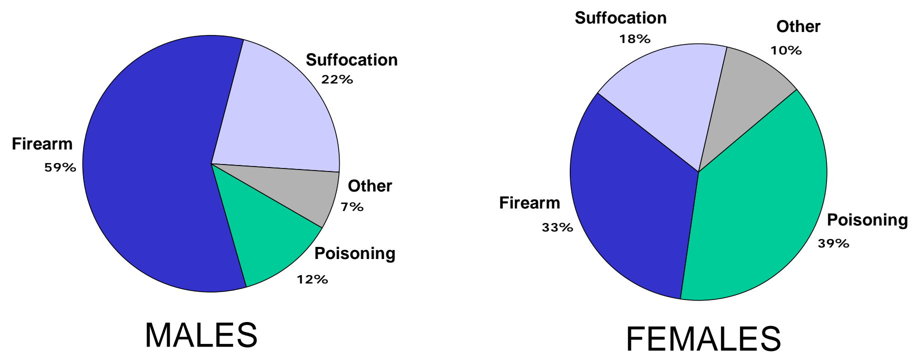
Regional variation exists in U.S. regarding suicide rates.

Suicide rates are generally higher than the national average in western states and lower in eastern and midwestern states.

Rural areas have higher rates of suicide likely related to economic loss, such as loss of farms, and limited access to mental health services (CDC 1997).

Suicide by Sex and Method, 2003



In 2003, firearms were the most commonly used method of suicide for males, accounting for almost 60% of all male suicides. The second most common method for men was suffocation (hanging). For women, the most common method was self-poisoning, including drug overdose, followed by suicide by firearm.

Consequences-Physical

- Non-fatal attempts
  - 513 self-inflicted injury hospitalizations per day in 2004
  - Firearm related traumatic brain injury or other serious injury
  - Poisoning related organ damage

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Most incidents of self-directed violence do not result in death. In 2004 it was reported that there were on average 513 self-inflicted injury hospitalizations per day. Although rare, non-fatal suicide attempts with a firearm usually result in traumatic brain injury or other debilitating injuries. Suicide attempts by poisoning often result in chronic organ damage that can seriously impact an individual, their family and community for the rest of their life.

Consequences-Psychological

- Survivors of suicide – family and friends who have lost someone to suicide
- In addition to grief and a sense of loss, survivors often experience symptoms of depression, anger, and guilt
- Suicide attempt survivors face stigma, guilt, and often are struggling to seek or maintain treatment for psychiatric issues

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Survivors of suicide include those that have lost someone to suicide including family members and friends. It has been estimated that approximately 6 close family members are left behind by each completed suicide and that one out of every 62 Americans is a suicide survivor. Survivors often experience symptoms of depression, anger, and guilt. Stigma surrounding suicide and experiences prior to a suicide often create unique difficulties for survivors of suicide as they grieve and mourn their loss.

Consequences-Societal

- Self-Inflicted Injury Hospitalization Costs
  - Average medical cost per case: $8,232
  - Average work-loss cost per case: $4,000
- Suicide costs
  - Average medical cost per case: $3,646
  - Average work-loss cost per case: $1,160,655

An under recognized consequence of suicide and suicidal behavior is the financial costs imposed on society. It has been estimated that each hospitalized suicide attempt costs more than $8000 in medical costs and $4000 in work lost costs. The average medical cost per suicide (death) is over $3500 with more than $1 million in work-loss costs.

Groups at Risk, 2003

Group	Death rate per 100,000
White	12.1
Black	5.1
Hispanic	5.0
Native American/Alaskan Native	10.4
Asian/Pacific Islanders	5.5

Suicide rates are highest among Whites and second highest among American Indian and Native Alaskan men (CDC 2006).

In 2003, whites accounted for approximately 73% of all suicides.

Suicide rates for Native Americans are higher than rates among all racial/ethnic groups except for whites.

Groups at Risk: Males

- 8th leading cause of death for men in the U.S. in 2003
- 25,203 male suicides ocurred in 2003
  - 59% involved a firearm
- Males die by suicide 4-5 times as often as females

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Suicide is the eighth leading cause of death for all U.S. men (CDC 2006). Males are at higher risk for suicide, which is often associated with use of more lethal methods. Of the 25,203 suicide deaths reported among men in 2003, 59% involved the use of a firearm (CDC 2006).

Groups at Risk: Females

- Suicide was the 17th leading cause of death among U.S. women in 2003
- 6,281 female suicides occurred in 2003
  - 39% of female suicides were by poisoning
- Females attempt suicide 3 times as often as males

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Suicide was the 17th leading cause of death for women in 2003.

More than four times as many men as women die by suicide; but women attempt suicide three times as often as men (Krug et al. 2002). Women also report higher rates of depression.

Groups at Risk: The Elderly

- Suicide risk in the U.S., is highest among older white males
- Risk for suicide by age varies by race and sex

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There is a common perception that suicide rates are highest among the young. However, it is the elderly, particularly older white males that have the highest rates of suicide. And among white males 65 and older, the risk increases with age. White men age 85 and older have a suicide rate that is six times that of the overall national rate.

Groups at Risk: The Elderly

- 5,248 Americans older than 64 died by suicide in 2003
  - 85% male
  - 15% female
  - 73% involved the use of firearms

In 2003, 5,248 Americans over age 65 committed suicide. Of those, 85% were men and 15% were women (CDC 2006).

Firearms were used in 73% of suicides committed by adults over the age of 65 in 2003 (CDC 2006).

Groups at Risk: The Elderly

- 70% of older suicide victims visited a primary care physician within one month of their death
  - They did not tell their doctors they were depressed and their doctor did not detect depression

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Over 70% of older suicide victims had been to their primary care physician within the month of their death. Many did not tell their doctors they were depressed nor did the doctor detect it. This has led to research efforts to determine how to best improve physicians' abilities to detect and treat depression in older adults (DHHS 1999).

Groups at Risk: The Elderly

- Older suicide victims are:
  - More likely to be:
    - Suffering from physical illnesses
    - Divorced or widowed
  - Less likely to survive suicide attempts compared to youth
    - 1.3 suicide attempts are seen in hospitals for every suicide among persons older that 64 years compared to an average of 31 suicide attempts for every competed suicide for youth age 15-24.

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Older adults who are suicidal are also more likely to be suffering from physical illnesses and be divorced or widowed (DHHS 1999; Carney et al. 1994; Dorpat et al. 1968).

Some older persons are less likely to survive suicide attempts because they are less likely to recuperate. Only an average of 1.3 suicide attempts are seen in the hospital for every suicide among persons older than 64 years compared to an average of 31 suicide attempts for every competed suicide for youth age 15-24.

There were 31 suicide attempts seen in hospitals for every completed youth suicide in 2003

Groups at Risk: Youth Aged 15-24

- 3rd leading cause of death among youth in 2003
  - 3,988 youth suicides in 2003

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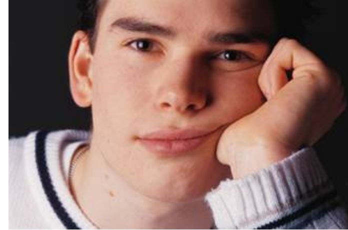
Suicidal Behavior 19

Suicide is the 3rd leading cause of death among young people ages 15-24 (CDC, 2006) following unintentional injuries and homicide.

In 2003, 3,988 suicides were reported among this age group (CDC, 2006).

Groups at Risk: Youth Aged 15-24

- 85% of youth suicides were males in 2003
- 52% of youth suicides were by firearm in 2003
- 31 suicide attempts seen in hospitals for every completed youth suicide in 2003



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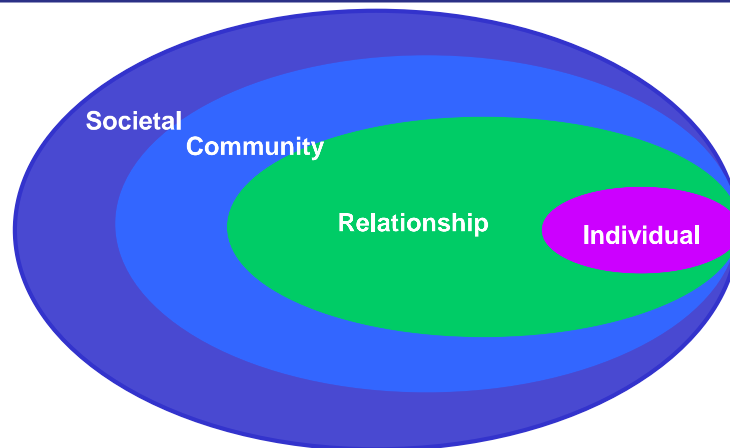
Of the total number of suicides among youth ages 15 to 24 in 2003, 85% were male and 15% were female (CDC, 2006).

Firearms were used in 52% of these youth suicides (CDC, 2006).

There were 31 suicide attempts seen in hospitals for every completed youth suicide in 2003 (CDC, 2006).

Socio-Ecological Model



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You will recall from the Socio-Ecological Model: A Pathway to Prevention presentation, that public health is driven by the socio-ecological model which maintains that the health status of an individual is influenced not simply by the attitudes and practices of that individual, but by personal relationships, community and larger societal factors.

Influencing factors of the Socio-Ecological Framework for violence prevention are commonly broken down into 4 impacts or levels:

- Individual factors including a person’s level of knowledge, attitudes and behaviors related to violence
- Relationship factors including values and group norms
- Community including community norms and organizational policies
- Societal factors including formal laws, policies and procedures

Risk Factor

- A behavior or condition that is thought to increase vulnerability to a specific condition or other behaviors

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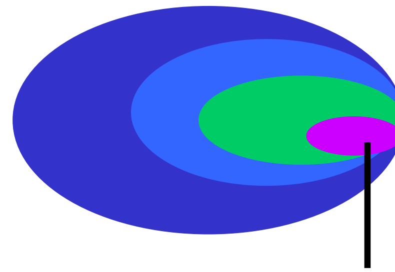
The first step in preventing suicide is to identify and understand the risk factors.

A risk factor is a behavior or condition that, on the basis of scientific evidence, is thought to increase vulnerability to a specific condition. Within violence prevention there are risk factors for both perpetration and victimization.

Risk Factors

- Individual
  - History of:
    - Mental disorders, particularly depression
    - Alcohol and substance abuse



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The first level of the socio-ecological model, Individual, explores the personal beliefs, attitudes and behaviors an individual has or exhibits that influence health status. An individual may also be influenced by demographic characteristics such as age, income and education. This level of the socio-ecological model, then, focuses on the characteristics of the individual that increase the likelihood of being a victim or a perpetrator of violence.

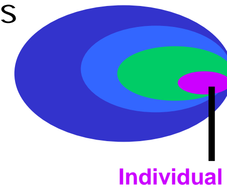
Research has identified the following risk factors for suicide at the Individual level (DHHS 1999):

•History of mental disorders, particularly depression

•History of alcohol and substance abuse

Risk Factors

- Individual
  - Previous suicide attempt(s)
  - Impulsive or aggressive tendencies
  - Loss (relational, social, work, financial)
  - Unwillingness to seek help
  - Cultural and religious beliefs
  - Experience of violent victimization
  - Witnessing violence



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Other risk factors related to suicide behavior at the Individual level (DHHS 1999) include:

•Previous suicide attempt(s)

•Impulsive or aggressive tendencies

•Loss (relational, social, work, or financial)

•Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts

•Cultural and religious beliefs, for are (DHHS 1999)--

•example, the belief that suicide is a noble resolution of a personal dilemma

•Experience with violent victimization (rape, intimate partner violence, bullying, etc.)

•Persons who witness violent events also appear to have elevated risk for suicide.

Risk Factors

- Individual
  - Major physical illness
  - Feelings of hopelessness

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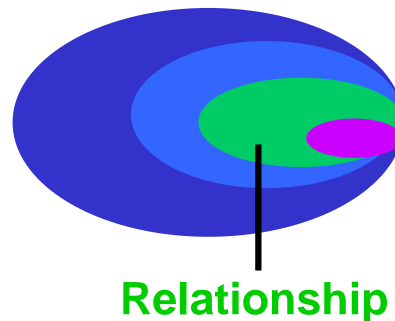
Two other risk factors for suicide at the Individual level are (DHHS 1999)--

•Major physical illness

•Feelings of hopelessness

Risk Factors

- Relationship-Family
  - Family history of:
    - Child maltreatment
    - Suicide
    - Victimization
    - Witnessing violence



Relationship

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Individual risk factors for suicide, however, do not exist in isolation from other risk factors.

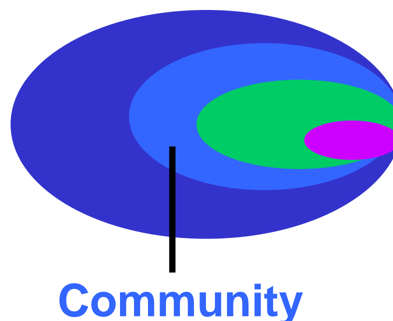
The next level of impact in the socio-ecological model, Relationship, has to do with a person's closest social circle—her family, friends, and peers. These relationships have the potential to shape a person's behaviors, attitudes and experiences in either a positive or negative way.

Risk factors at the Relationship-Family for suicide include (WHO 2002):

•Family history of child maltreatment, suicide. Victimization and witnessing violence are also risk factors that are influenced by relationships with family, friends and peers.

Risk Factors

- Community
  - Local clusters of suicide
  - Barriers to accessing mental health and substance abuse treatment
  - Rates of incarceration
  - Lack of social and emotional support from family and friends



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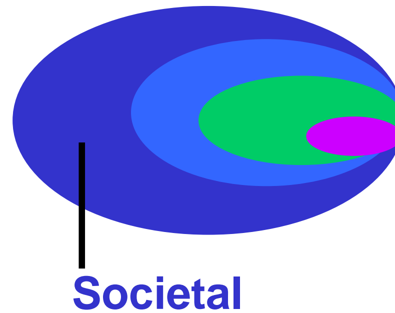
The third level of the socio-ecological model, Community, looks at the larger context in which an individual's social relationships occur, such as schools, workplaces, churches, neighborhoods, etc., to identify the characteristics of these settings that are associated with a person being a potential victim or perpetrator of violence. Again, these contexts can have both positive and negative effects.

Some risk factors for suicide at the Community level are (WHO 2002)--

- Local epidemics of suicide
- Barriers to accessing health care, especially mental health and substance abuse treatment
- High rates of incarceration. Persons who are or have been incarcerated tend to have higher rates of suicide.
- Lack of social and emotional support increase the risk of suicidal behavior among persons at risk for suicide.

Risk Factors

- Society
  - Geography (western mountain states)
  - Unemployment
  - Media portrayals of suicidal behavior
  - Easy access to lethal methods (firearms and drugs in the home)



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Geography appears to be an important factor in relation to suicide rates in the United States. States with large rural areas tend to have higher rates of suicide.

The period during and after the Great Depression, the U.S. saw the highest rates of suicide. Additionally, there appears to be a weak association between changes in unemployment, a societal factor, and suicide rates.

Media portrayals of suicide and suicidal behavior can also influence suicidal behavior.

And easy access to lethal methods is a societal factor influencing suicide behavior. For example, the presence of a firearm in the home has been found to be a risk factor for suicide. Thus, when a family member or health care provider is faced with an individual at risk for suicide, they should make sure that firearms are removed from the home.

Protective Factor

- A behavior, social influence or policy, that on the basis of scientific evidence, is thought to reduce vulnerability to a specific condition or other behaviors
- With the same complexities of biological, social, cultural, economic and political influences as risk factors

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Recent research is also focusing on how people recover from adverse situations, bringing a new awareness of the importance that protective factors have in preventing suicide.

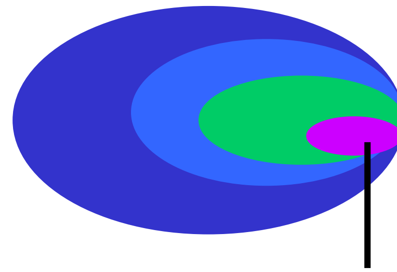
A protective factor is a behavior, social influence or policy, that on the basis of scientific evidence, is thought to reduce vulnerability to a specific condition or other behaviors.

Protective factors share the same complexities of biological, social, cultural, economic and political influences as risk factors.

Violence prevention should seek to capitalize on protective factors.

Protective Factors

- Individual
  - Support from medical and mental health care relationships



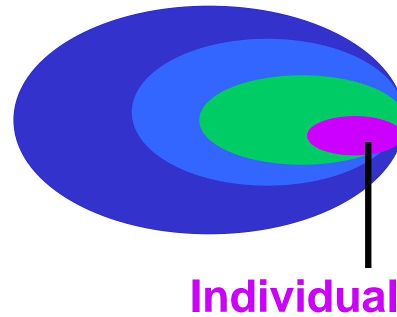
Suicidal Behavior 30

One protective factor at the Individual level is (DHHS 1999):

•Support from ongoing medical and mental health care relationships

Protective Factors

- Individual
  - Skills in problem solving, conflict resolution, and nonviolent handling of disputes
  - Cultural and religious beliefs



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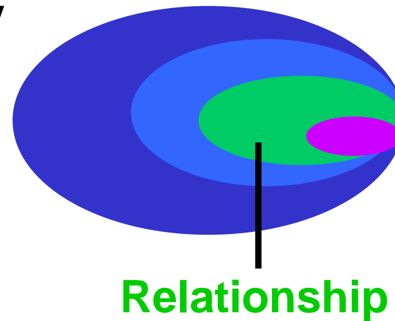
Two additional protective factors at the Individual level include (DHHS 1999):

•Skills in problem solving, conflict resolution, and nonviolent handling of disputes

•Cultural and religious beliefs that discourage suicide and support self-preservation instincts

Protective Factors

- Relationship-Family
  - Family support
  - Family connectedness



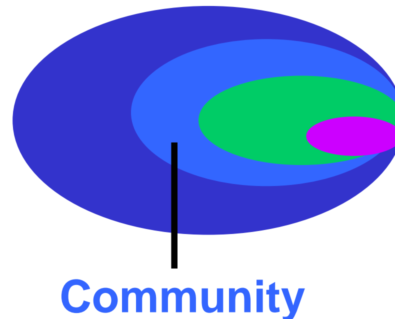
A protective factor at the Relationship-Family level is (DHHS 1999)--

•Strong connections to family support

•Restricted access to highly lethal means of suicide (e.g., firearms)

Protective Factors

- Community
  - Effective clinical care for mental, physical, and substance abuse disorders
  - Restricted access to lethal means of suicide



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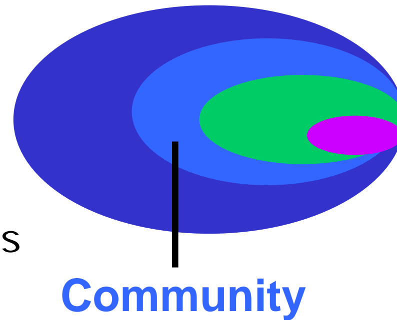
One important protective factor at the Community level is the availability of effective clincal care for mental, physical, and substance abuse disorders (DHHS 1999).Another is restricted access to lethal means of performing suicide.

Protective Factors

- Community
  - Easy access to a variety of clinical interventions and support for help seeking
  - Community support
  - School connectedness (for youth)



Community

PREVENT

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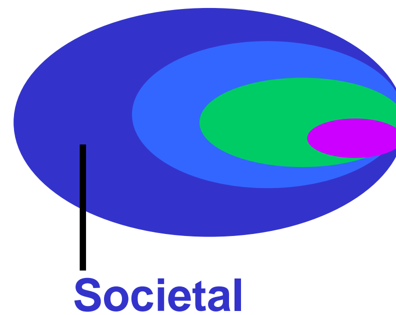
In the case of suicide, other protective factors at the Community level include (DHHS 1999):

•Easy access to a variety of clinical interventions and support for help seeking

•Strong connections to community support and for youth, connection to school.

Protective Factors

- Society
  - Media messages normalization of help seeking behavior



One important protective factor at the societal level are media messages that promote help seeking behavior.

Interrelationships with other types of violence

Suicide and ...

Child Maltreatment	Youth Violence	IPV	Sexual Violence
✓	✓	✓	✓

There are numerous ways in which suicide is interrelated with other types of violence. For example:

•According to the Prevention Institute, children from violent homes are six times more likely to commit suicide than children from non-violent homes.

•CDC reports that students who reported attempting suicide during the preceding 12 months were nearly four times more likely to have reported physical fighting than those who reported not attempting suicide. Students who engage in extreme forms of violence such as school shootings, exhibit suicidal ideation or behavior before or after the attack.

•Victims of Intimate Partner Violence (IPV) are at increased risk for depression and/or suicide (Coker et al. 2000).

•Women with a history of sexual assault are more likely to attempt or commit suicide than other women (Felitti et al. 1998; Davidson et al.. 1996; Luster and Small 1997; McCauley et al. 1997; Romans et al. 1995; Wiederman, Sansone, and Sansone 1998).

Key Points

- 31,484 Americans died by suicide in 2003
  - 54% of the suicides were by firearm

We've covered a lot of information in this presentation about suicide. Some key points to remember are--

•31,484 Americans committed suicide in 2003 (CDC 2006).

•54% of suicides in 2003 were by firearm (CDC 2006).

Key Points

- Males are four times more likely than females to die from suicide
- Females report attempting suicide during their lives about three times as often as males

While males are four times more likely than females to die from suicide, females report attempting suicide during their lives about three times as often as males.

Key Points

- Rates increase with age
  - Very high among those ages 65 years and older
- Youth suicide rates are decreasing
  - Still unacceptably high

•Suicide rates increase with age and are very high among those ages 65 years and older.

•Youth suicide rates are decreasing but are still unacceptably high.

Key Points

- Physical, psychological and social consequences for both the victim and survivors
- Awareness and understanding needed of:
  - Risk and protective factors
  - Interrelatedness with other types of violence

•Suicide has immediate and long-term physical, psychological and social consequences for both the victim, and the survivors, ranging from serious injury, disability and death for the victim, to serious depression for survivors.

•A number of research studies have shown both risk factors that may put people at risk for suicide and protective factors that may reduce the likelihood that a person will commit suicide. Understanding these factors is essential for developing effective policies and programs to prevent suicide.

•Understanding suicide requires an awareness and understanding of its interrelatedness with other types of violence.

After the presentation…

- Review the resources
- Complete the evaluation

- **American Association of Suicidology (AAS)**
- http://www.suicidology.org
- The **American Foundation for Suicide Prevention (AFSP)**
- http://www.afsp.org
- **Suicide Prevention Action Network (SPAN) USA, Inc.**
- http://www.spanusa.org/
- **National Organization for People of Color Against Suicide (NOPCAS)**
- http://www.nopcas.com
- **Organization for Attempters and Survivors of Suicide in Interfaith Services (OASSIS)**
- http://www.oassis.org

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You have reached the end of the presentation, “Scope of the Problem – Suicide”. Please take a few minutes and review the resources linked from our website and complete the evaluation. Thank you.

Additional Resources

- The **Center for Suicide Prevention**. http://www.suicideinfo.ca
- **International Academy for Suicide Research**. http://www.uni-wuerzburg.de/IASR
- **National Strategy for Suicide Prevention**. http://www.mentalhealth.org/suicideprevention
- **NIMH Suicide Research Consortium**. http://www.nimh.nih.gov/research/suicide.cfm
- The **University of Rochester Center for the Study and Prevention of Suicide (UR/CSPS)**. http://www.rochesterpreventsuicide.org/
- **National Center for Suicide Prevention Training**. http://www.ncspt.org