

ASSESSING LETHALITY- SUICIDE

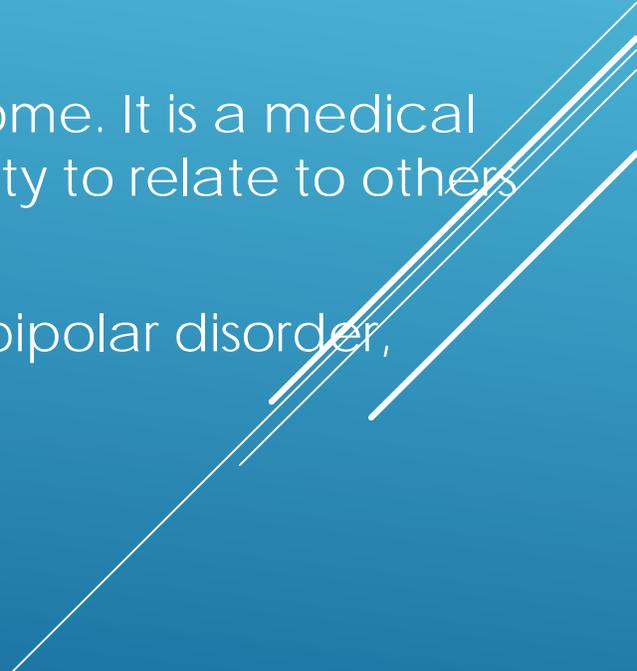
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FACTS ABOUT MENTAL HEALTH

- In 2014, there were an estimated 43.6 million adults (age 18 or older) in the US with a mental illness
 - 20% of youth (ages 13-18) Live with a mental health condition
 - **More than 2/3 of Americans who have a mental illness live in the community and lead productive lives**
 - Mental illness can affect people of any age, race, religion, or income. It is a medical condition that disrupts a person's thinking, feeling, mood and ability to relate to others daily function
 - Serious mental illnesses include: major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder
- 

FACTS ABOUT MENTAL HEALTH

- Mental Illness and Intellectual Disability are not the same. Mental Illness affects a person's thinking, mood and behavior; whereas those with an intellectual disability experience limitations in intellectual function and difficulties with certain skills
- 4 of the leading causes of disability in the US and other developed countries are mental illness (which: include, bipolar, schizophrenia, major depression and OCD)
- **Between 70% and 90% of people with mental illnesses experience a significant reduction of symptoms and an improved quality of life, with proper care and treatment**
- Every year, as many as 8 million American who have serious mental illnesses don't receive adequate treatment
- Depression is the leading cause of disability worldwide



It Takes Caring People From ALL Walks of Life Working Together To Improve the Lives of Those Suffering from Serious Persistent Mental Illness

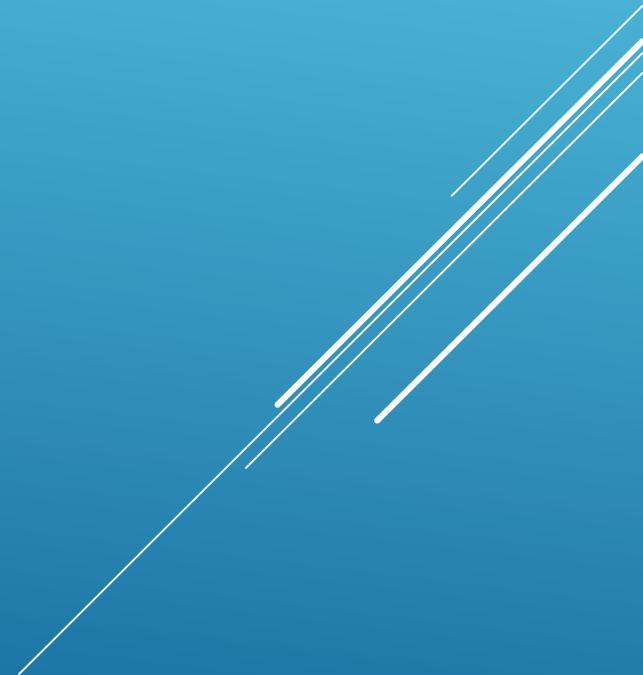
Thank You

LETHALITY

Causing or Able to cause Death

Gravely Damaging or Destructive Acts

Devastating Lose of Life



YOU SHOULD KNOW

No Suicide attempt should be dismissed or treated lightly!

Why Do People Attempt Suicide?

A Suicide attempt is a clear indication that something is gravely wrong in a person's life.

It is true that **most** people who die by suicide have a mental or emotional disorder ; no matter the race or age of the person or how much money they possess.

The most common underlying Disorder is depression, 30% to 70% of suicide victims have a major depression or bipolar disorder diagnosis.

KEY WORD WHEN ASSESSING DEPRESSION



PLEASE REMEMBER

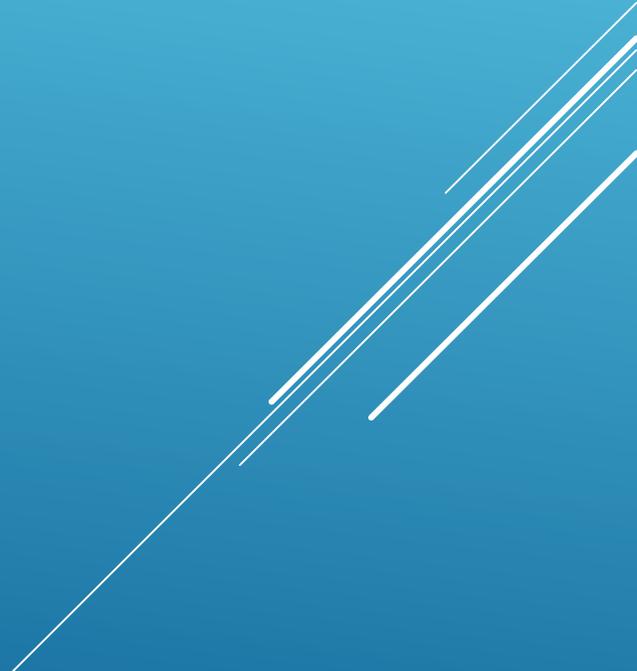
8 out 10 people considering suicide give some sign of their intentions.

People who:

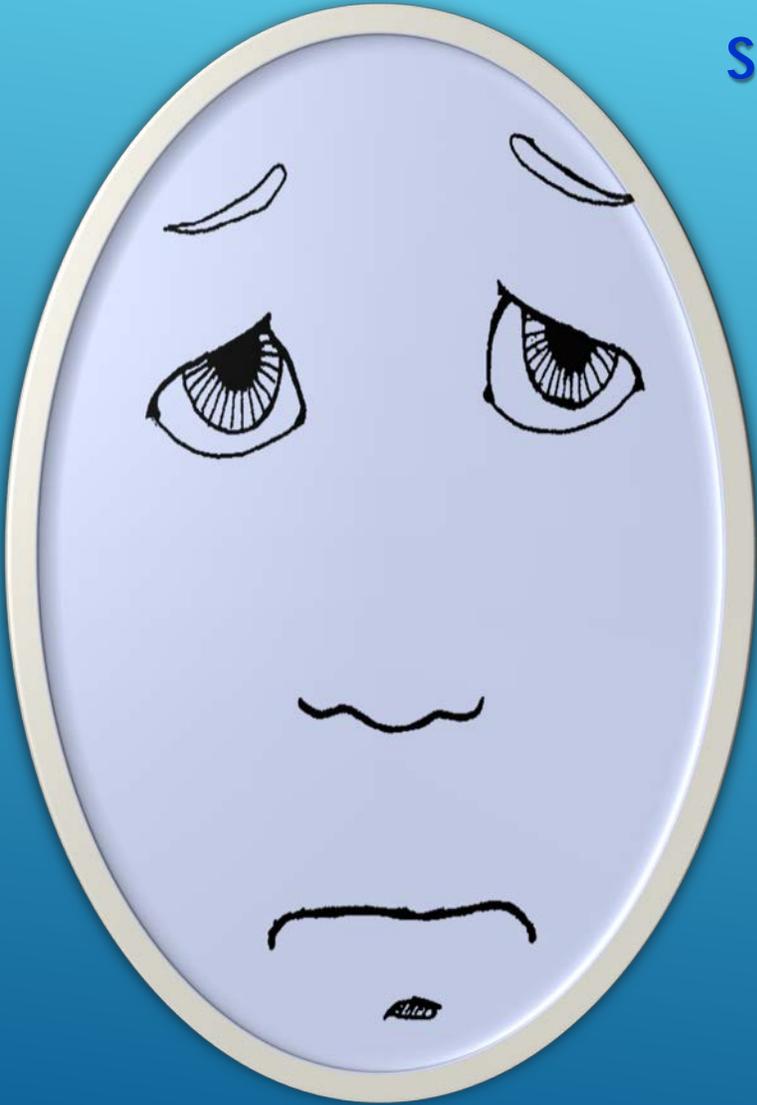
- Talk about Suicide
- Threaten Suicide
- Call Suicide Crisis Centers

Are 30 times more likely than average to kill themselves

IF YOU THINK SOMEONE IS CONSIDERING SUICIDE

- Trust your instincts that the person may be in trouble
 - Talk with the person about your concern. Communication needs to include LISTENING
 - Ask direct questions without being judgmental.
 - Determine if the person has a specific plan to carry out the suicide. The more detailed the plan, the greater the risk
 - Get professional help, even if the person resists
 - Do not leave the person alone
 - Do not swear to secrecy
 - Do not act shocked or judgmental
 - Do not counsel the person yourself
- 

SECOND GUESSING MEANS SOMETHING WENT WRONG



Did I do what I was trained to do?

Did I seek enough support for assistance?

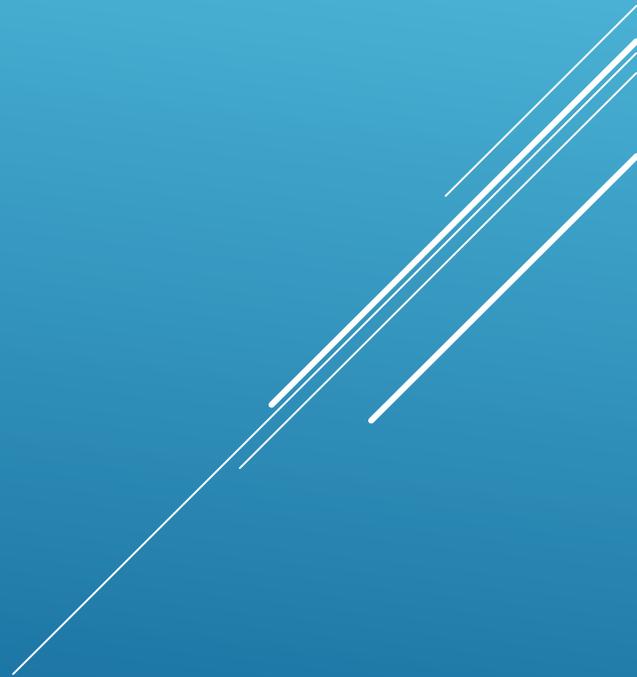
Why didn't I follow my "Gut" instinct?

Why didn't I believe Her/HIM/Them?

Why did I miss the "Red Flags"?

COULD I HAVE PREVENTED THIS!

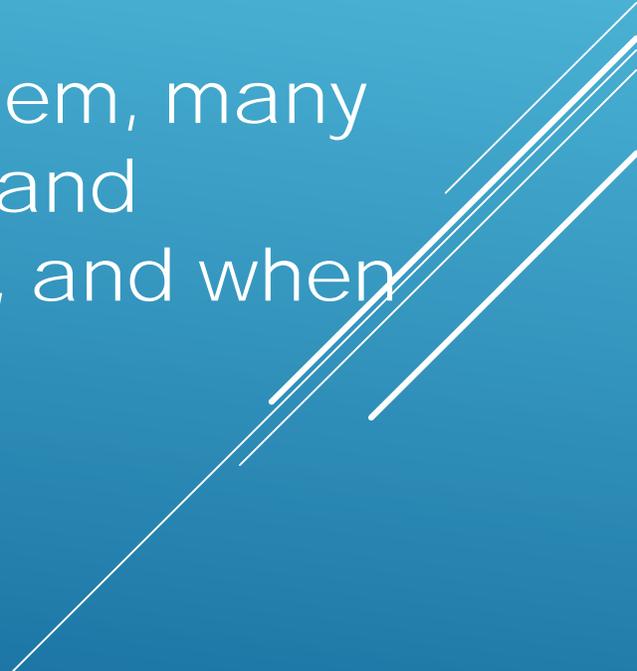
WHAT DO YOU KNOW ABOUT SUICIDE AND DEPRESSION



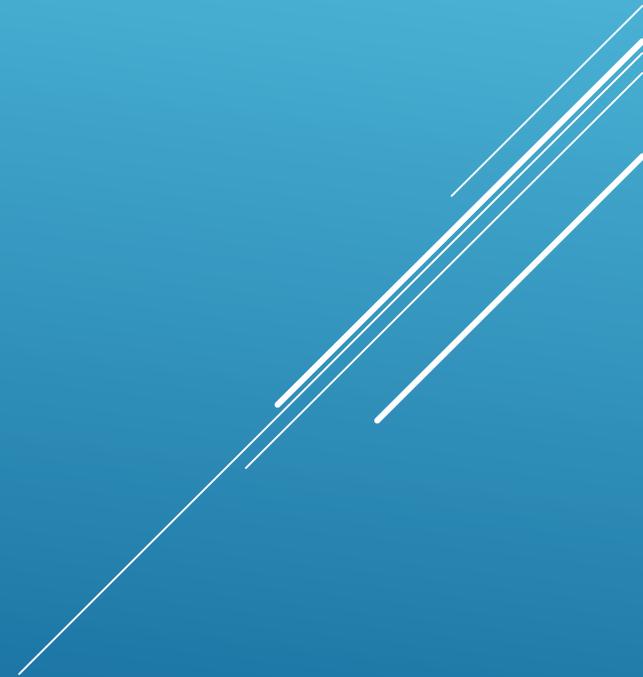
Depression and suicide facts:

Depression is more common than AIDS, cancer, and diabetes combined, and over 400,000 people attempt suicide in the U.S. every year.

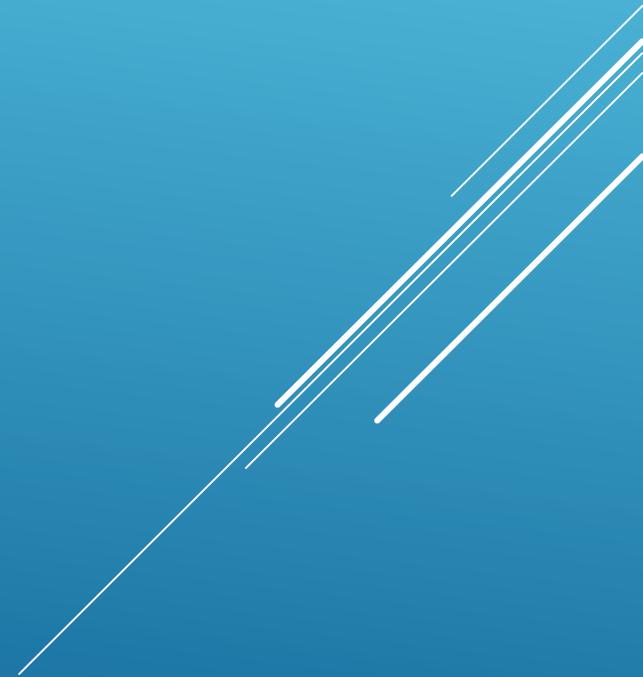
But even though it's a common and serious problem, many people don't know that much about depression and suicide—including who's at the greatest risk, why, and when they are most likely to be vulnerable.

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Here are some myths
and facts about
depression and
suicide



Suicides peak during holidays



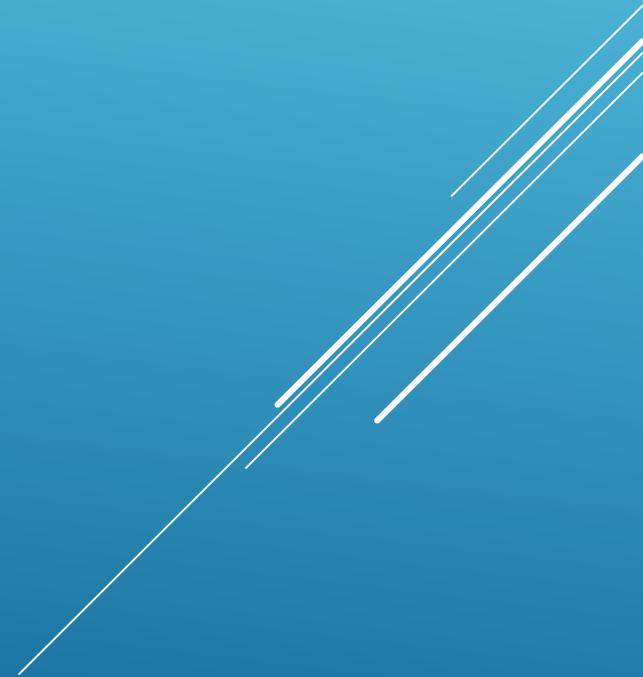
Myth

"There is a time of year when suicides are more common," says Marcia Valenstein, MD, research scientist at the Department of Veterans Affairs Health Services Research & Development Service. "But it's not when everyone thinks."

Most people think the winter holidays are a risky time, but suicides are lowest in December and peak in the spring.

It's not clear why, but it could be due to changing levels of natural light. "It could be that they have more energy to attempt suicide," says Dr. Valenstein, who is also an associate professor of psychiatry at the University of Michigan Depression Center, in Ann Arbor.

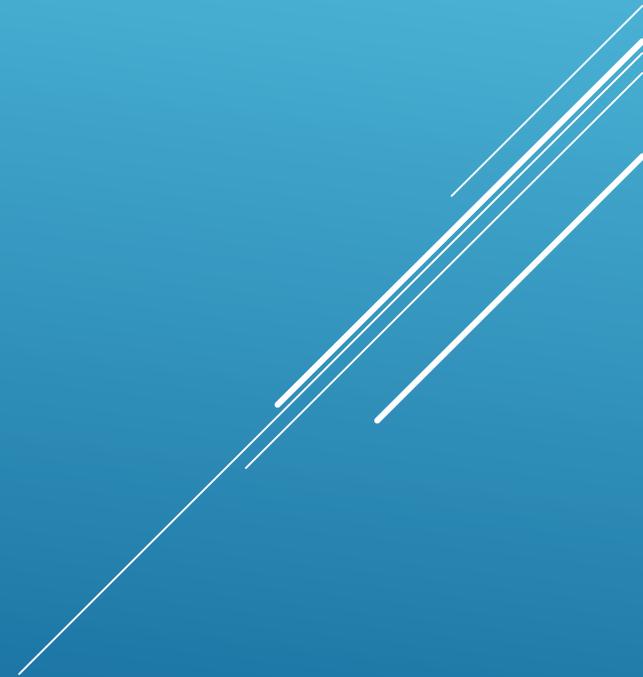
Suicide rates climb with altitude



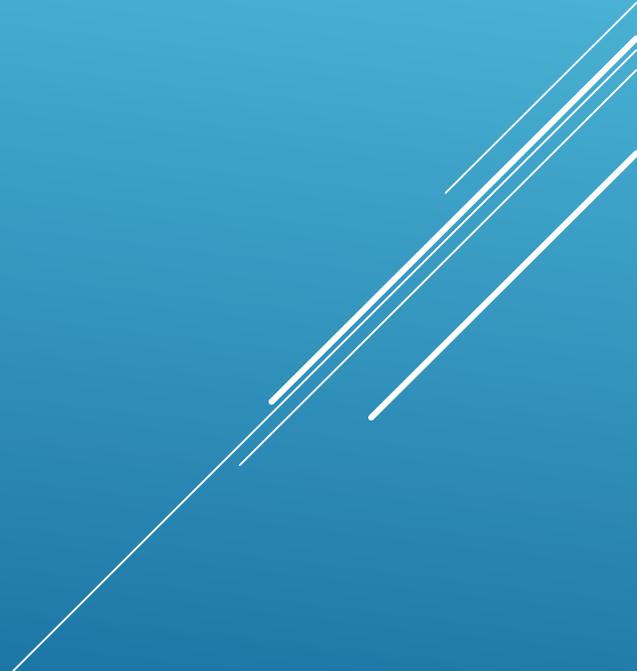
Fact

The greater the elevation of a person's home, the higher the risk of suicide, according to a recent study. Suicide rates are about 70% higher in regions 2,000 meters in elevation, for example, compared to at sea level.

The effect appeared to hold even after researchers accounted for risk factors such as greater gun ownership and lower population density.



Teens are at greatest risk

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Myth

Teenage suicides make headlines, but the elderly are more likely to take their own life than any other age group, says Dr. Valenstein.

At particularly high risk are white men over the age of 85, who have a suicide rate of 49.8 deaths per 100,000, compared with about 14 per 100,000 in people over 65, and 11 per 100,000 in the general population.

Still, teenagers remain a high-risk group. One in five high school students says he or she has considered suicide in the past year and 1 in 12 attempts to take his own life. (The suicide rate for 15- to 19-year-olds is 6.9 per 100,000.)

Whites attempt suicide more often than other
races

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Fact

Suicide is more common among whites in the U.S. than blacks, Asians, or Hispanics.

In 2016, the highest U.S. suicide rate (15.2) was among Whites and the second highest rate (13.5) was among American Indians and Alaska Natives (Figure 5). Much lower and roughly similar rates were found among Asians and Pacific Islanders (6.7), and Black or African Americans (6.1).

Writing style is linked to suicide risk

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Fact

Creativity, depression, and suicide have long been linked, so it may come as no surprise that some of history's most creative individuals suffered from a mental illness. **Depression affected great minds such as Charles Dickens, John Keats, and Tennessee Williams.**

Several famous writers have committed suicide, including Ernest Hemingway, Sylvia Plath, and David Foster Wallace. This group also has something else in common: They all wrote in the first person, which has been suggested to be a sign of suicide risk.

Depression is always the cause of suicide

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Myth

Two of every three people who commit suicide are depressed at the time they take their life. **However, alcoholism plays a role in 1 in 3 completed suicides.**

Major depression is the psychiatric diagnosis most commonly associated with suicide, with about 20 times the risk found in the general population.

"With much more active screening and treatment, depression carries less of a stigma now, but it remains one of the big risk factors for suicide," says Dr. Valenstein.

Your family affects risk

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Fact

A family history of depression increases the chances that a child will suffer the same by a factor of 11.

But families (and friends) can also play a significant role in preventing suicide. Strong social support is known to lower suicide risk.



Poor countries have higher suicide rates

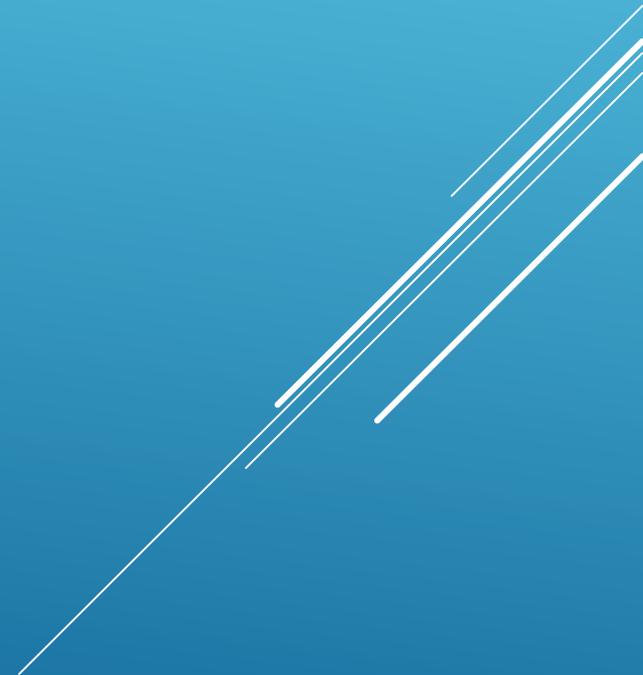
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Myth

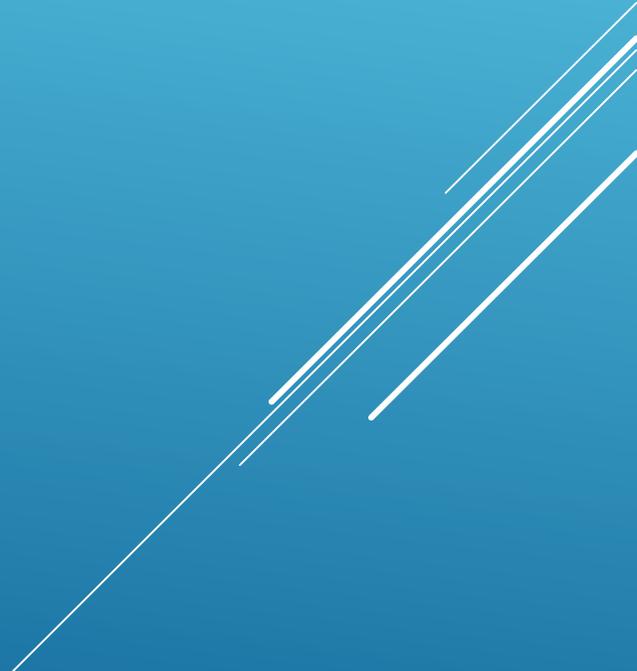
In fact, many rich countries have higher suicide rates than developing nations.

Some of the lowest rates can be found in Latin American countries, such as Brazil and the Dominican Republic, while richer countries (based on their GDP per capita), such as Russia, Japan, and France, are among the highest. These nations report numbers between two and three times as high as the U.S.

Approximately 54 of every 100,000 men in Russia, for example, commit suicide every year. (The region's high rates of alcohol consumption may be partly to blame.)



Most suicide attempts fail



Fact

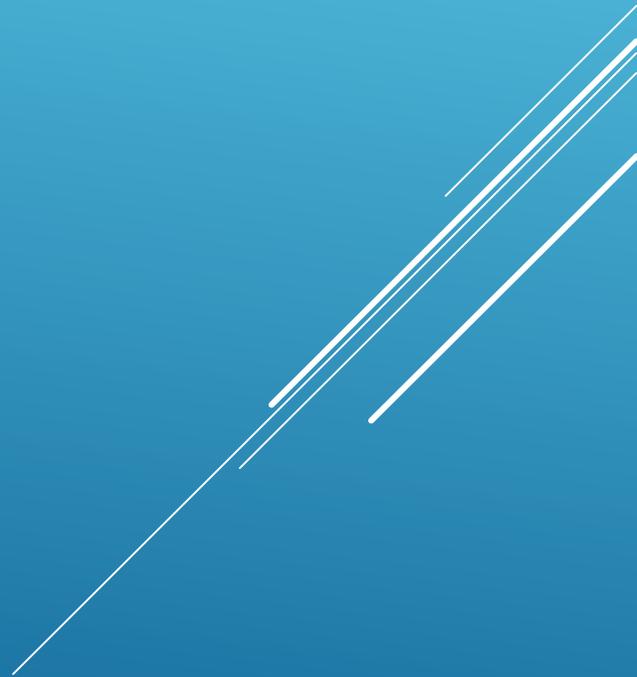
Fortunately, only 1 in every 10 to 25 attempts actually results in death, according to Dr. Valenstein.

To further lower that rate, Dr. Valenstein suggests "taking away the means."

"Make sure people you're concerned about don't have stockpiles of meds or access to guns," she says. "You want to make it difficult for them to enact a persistent suicidal thought."

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Suicide is more common now
than in the past



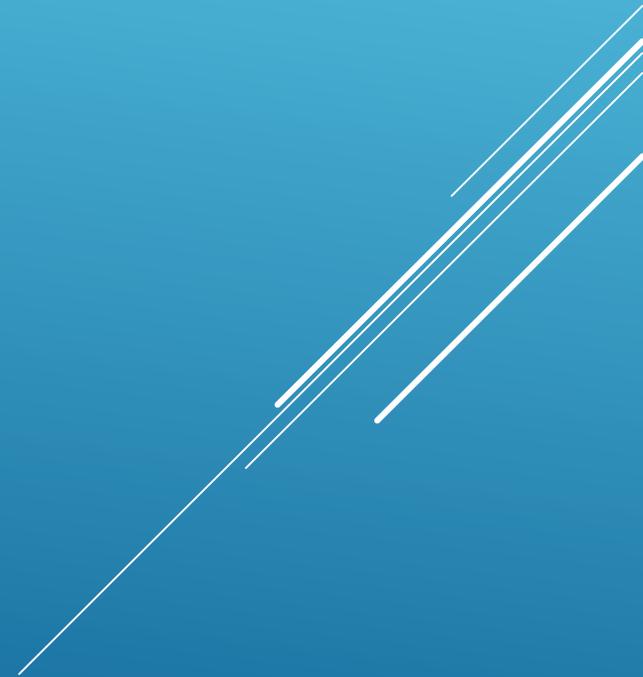
Myth

Suicide rates in the U.S. have remained relatively constant over the past several decades, and may even have slightly decreased.

Still, youth between the ages of 15 and 24 are more than twice as likely to commit suicide today compared to 50 years ago. And, worldwide, suicide rates have increased by about 60% in the last 45 years, according to the World Health Organization.



Treatment cuts suicide risk



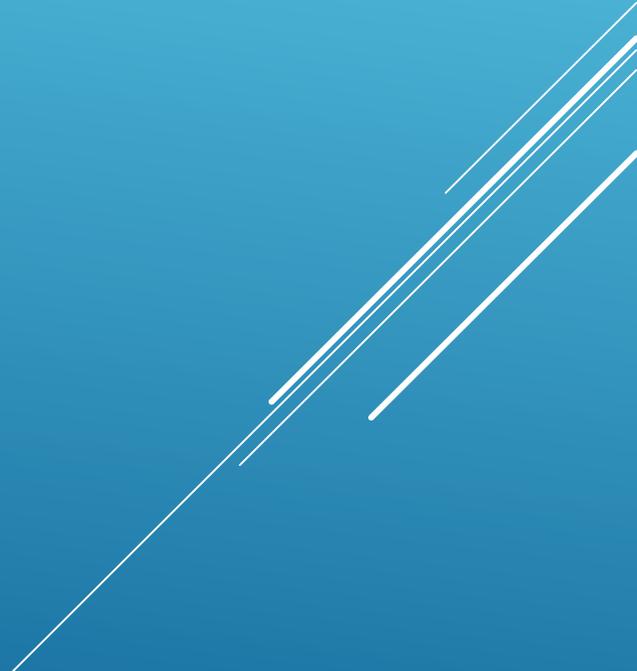
Fact

"There are not a lot of ways to prevent suicide at this point," says Dr. Valenstein. "But successful treatment of any underlying psychiatric disorder is very important and can reduce suicidal thoughts, particularly among older people."

She adds that a popular concern that antidepressants can actually raise the risk of suicide among patients under the age of 25 is most relevant during the first few weeks of therapy.

"If you successfully treat depression," notes Dr. Valenstein, "suicidal ideation declines."

Suicides can trigger "copy cat" attempts



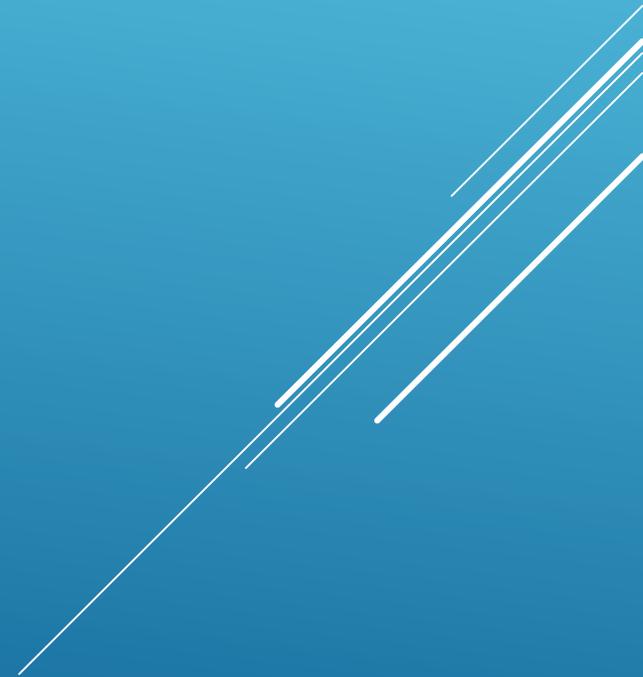
Fact

Exposure to others who have committed suicide may "reduce some of the barriers to people thinking of doing it," says Dr. Valenstein.

She points out that this link has helped write new rules for responsible journalistic reporting. For example, journalists now typically refrain from going into detail or sensationalizing death from suicide.

"They usually finish up any story with a reference to a hotline so that distressed people reading it will reach out for help rather than being tempted to emulate," Dr. Valenstein adds.

Suicides are more common
on weekends



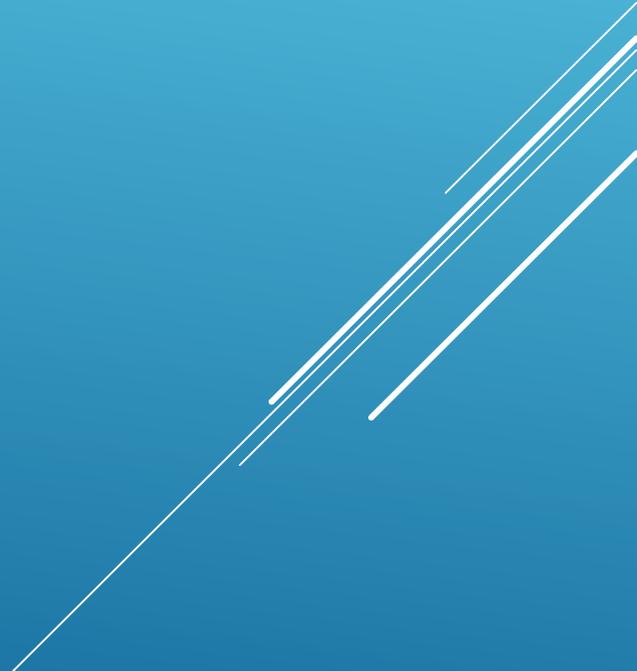
Myth

While Wednesdays are notorious for being "bumpy," and Tuesdays, in some studies, have been found to be the deadliest for suicides, Dr. Valenstein and her colleagues identified a different weekly **peak—Monday**.

In an unpublished study that they recently completed, they found that the most suicides fall on **Mondays**.

Dr. Valenstein says that, while it is not clear from studies so far which day is most common for suicides, they do seem to occur near the beginning of the week. "I would assume that the start of the work week is a more stressful time for people."

Men are at greater risk

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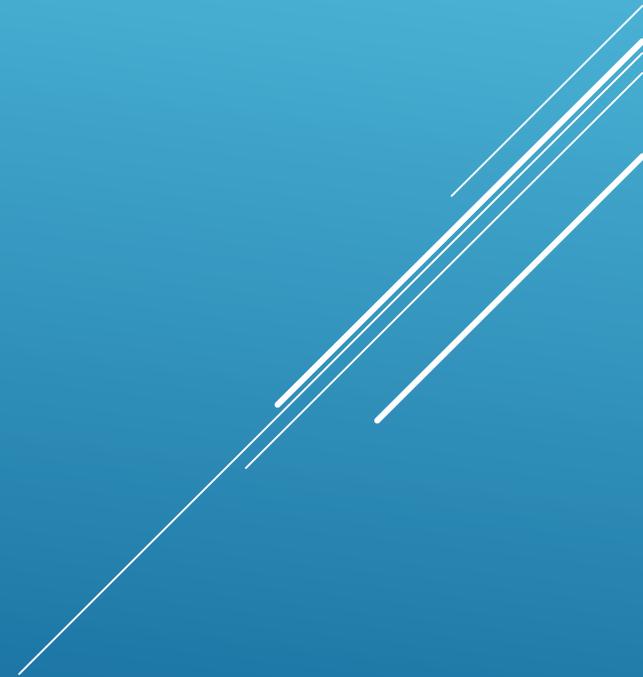
Fact

While three times more women than men attempt suicide, **four times more men than women actually kill themselves.**

More than half of suicides in the U.S. are completed with guns. This violent and usually irreversible route is the choice of most men. However, Dr. Valenstein notes that the most common method among women is poisoning, typically an overdose of medication, the result of which is less often lethal.

MORE SUICIDE FACTS

- Suicide is the 10th leading cause of death in the US
- Each year 44,965 Americans die by suicide
- Estimated 12 to 25 suicide attempt for every suicide



MORE SUICIDE FACTS

- Suicide is the 6th leading cause of death among 5-14 year olds.
- Suicide is the 3rd leading cause of death among 15-24 year olds
- Death by firearms is the fastest growing method of suicide
- Firearms are now used in more suicides than homicides

Rates based on 1998 US statistics CDC, m Nat'l Center

Suicide Rates by Age

In 2016, the highest suicide rate (**19.7**) was among adults between 45 and 54 years of age. The second highest rate (**19.0**) occurred in those 85 years or older. Younger groups have had consistently lower suicide rates than middle-aged and older adults. In 2016, adolescents and young adults aged 15 to 24 had a suicide rate of **12.5**.



Suicide Rates by Race/Ethnicity

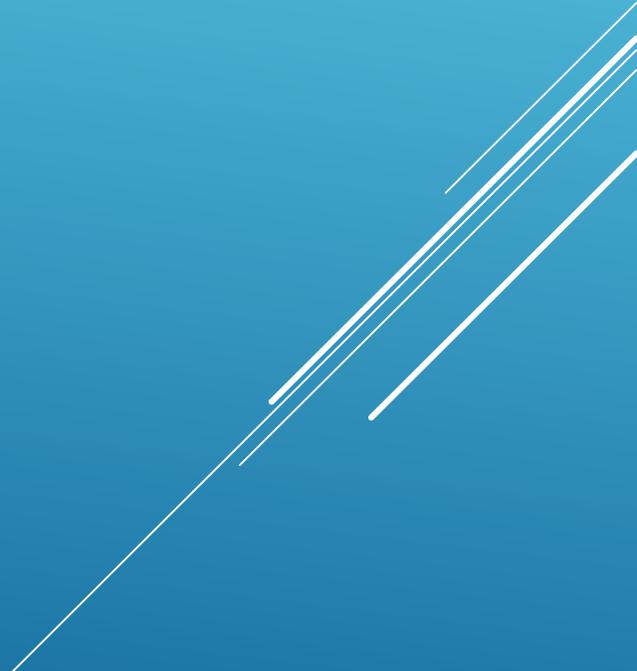
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Note that the CDC records Hispanic origin separately from the primary racial or ethnic groups of White, Black, American Indian or Alaskan Native, and Asian or Pacific Islander, since individuals in all of these groups may also be Hispanic.

Assessing Lethality Data

Begins with comprehensive psychiatric evaluation

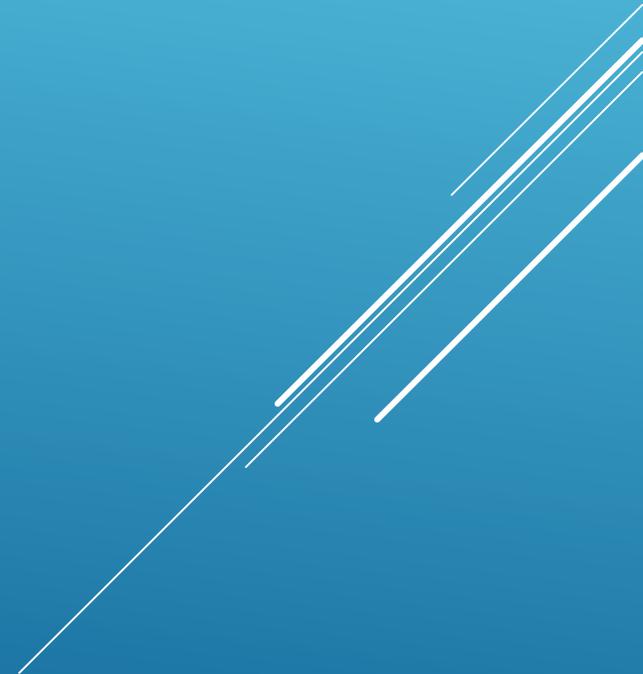
Includes

- relevant complaints
 - history
 - limited MSE
 - relevant physical and lab examinations
- 
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Risk Factors

Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex and there is no single cause. In fact, many different factors contribute to someone making a suicide attempt. But people most at risk tend to share certain characteristics. The main risk factors for suicide are:

- Depression, other mental disorders, or substance abuse disorder
- Certain medical conditions
- Chronic pain
- A prior suicide attempt
- Family history of a mental disorder or substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Having recently been released from prison or jail
- Being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities



SUICIDE AND HOMICIDE ARE OPPOSITE SIDES OF THE SAME COIN



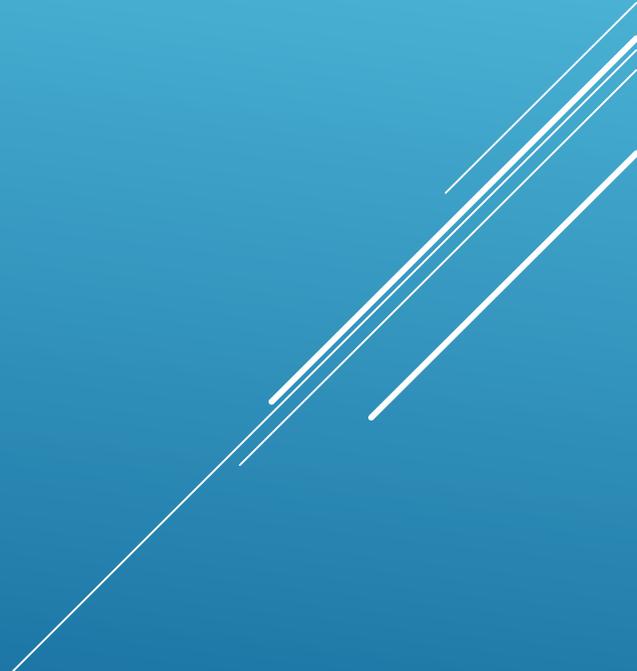
Psychiatric Diagnosis

Identify if patient suffers from a psychiatric illness associated with higher suicide risk

- Mood disorders
 - Schizophrenia
 - Substance abuse
 - Anxiety disorders
 - Borderline, or other, personality disorders
 - Patients with co-morbid illness
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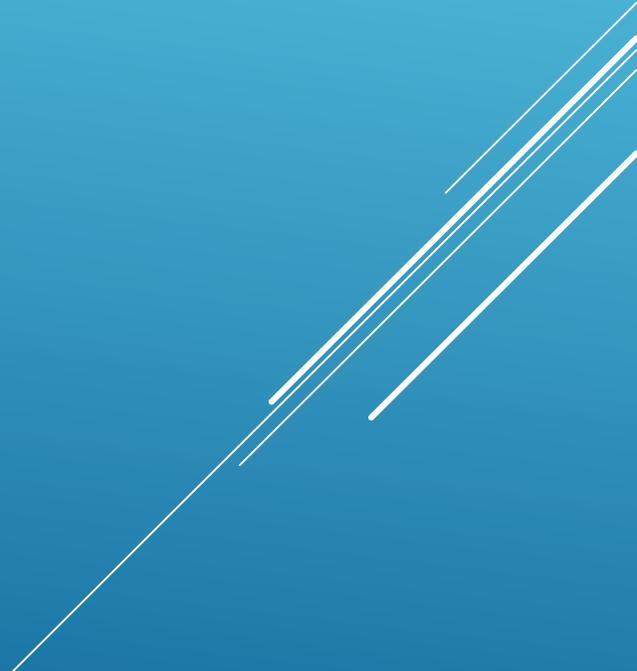
Disorders correlated with Suicidal Behavior

More than 90% of completed suicides carry a Dx of alcoholism, depression, schizophrenia or some combination of these.

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MOOD DISORDERS

The likelihood of suicide within one year is increased when the patient exhibits:

- Panic attacks
 - Psychic anxiety
 - Anhedonia
 - Alcohol abuse
- 
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MOOD DISORDERS

15% lifetime risk of suicide

Absence of psychosis does not imply safety

Concern is warranted especially when the patient appears emotionally removed, shows constricted affect or is known to have given away belongings.



SCHIZOPHRENIA

10% lifetime risk of suicide

- Suicide is relatively uncommon during psychotic episodes
- Relationship between command auditory hallucinations and actual suicide is not clearly causal
- Suicidal ideation occurs in 60-80% of patients

SCHIZOPHRENIA

Suicide attempts occur in 30-55% of patient

Suicide potential is increased by:

- Good pre-morbid functioning
- Early phase of illness
- Hopelessness or depression
- Recognition of deterioration, eg., during a post-psychotic depressed phase

ALCOHOLISM

3% Lifetime risk of suicide

Abusers of alcohol/drugs comprise 15- 25% of suicides

Alcohol is associated with nearly 50% of all suicides

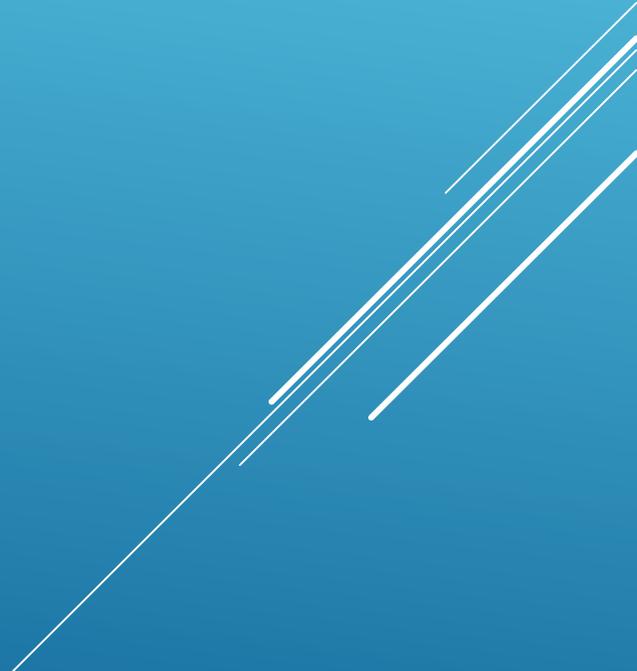
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ALCOHOLISM

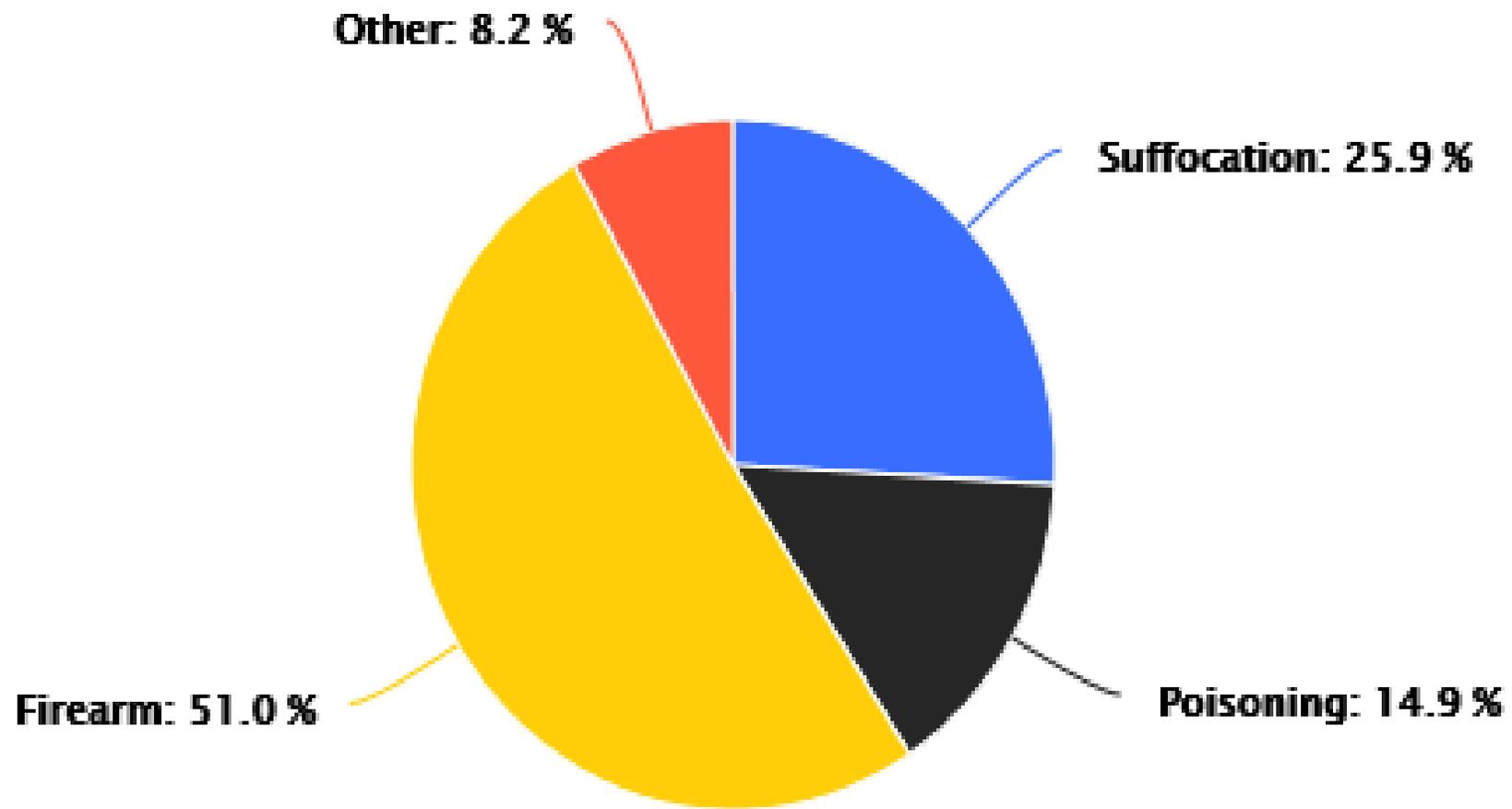
Increased suicide potential in an alcoholic patient correlates with:

- Active substance abuse
- Adolescence
- Second or third decades of illness
- Co-morbid psychiatric illness
- Recent or anticipated interpersonal loss (Relationship, Employment, Respect)
- Substance abuse can represent self medication

ASK THE QUESTION: ARE YOU SUICIDAL ?

- Are you experiencing Suicidal Ideation? (Do you have a Plan?)
 - Have attempted Suicide in the past? (What method did you use?)
 - Do you have access to weapons? (What type, where are they kept?)
- 

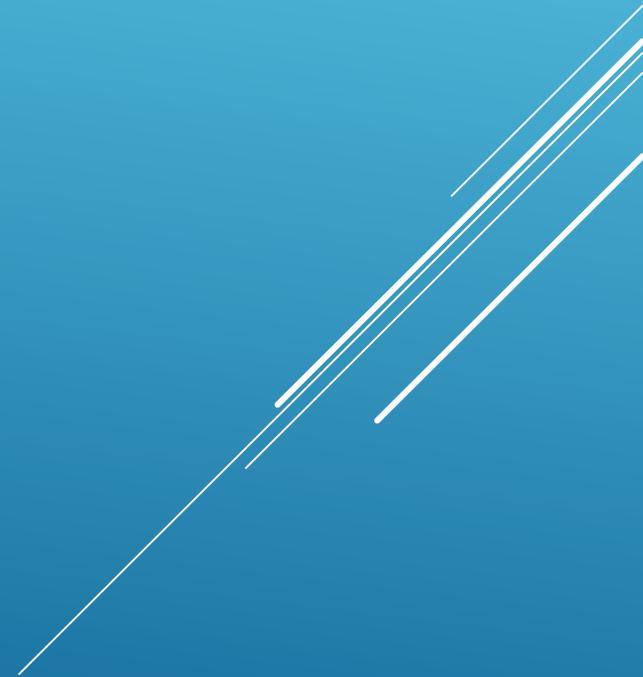
Suicide Deaths by Method, 2016



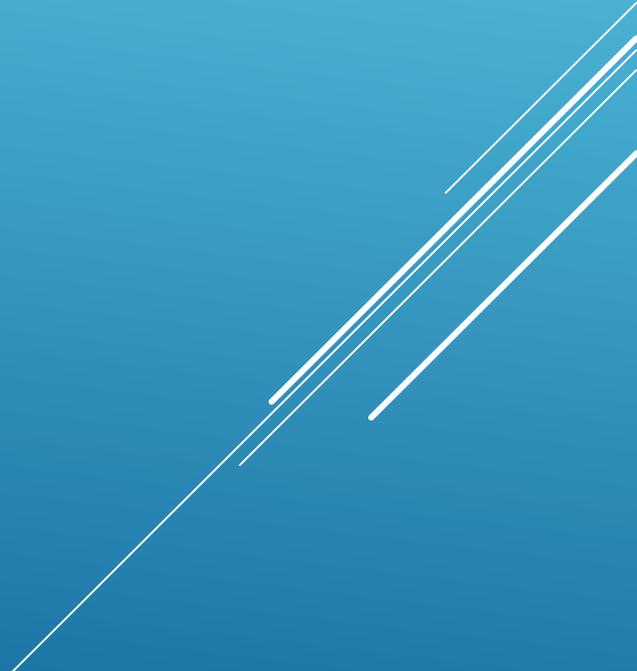
BORDERLINE PERSONALITY DISORDER

7% Risk of suicide

Higher risk associated with comorbidity, especially with mood disorder and substance abuse



Resources in Your Community

- Telephone hotlines (Can be obtained from the telephone book, local Mental Health Associations, community centers, or United Way chapters)
 - Clergy
 - Medical professionals
 - Law-enforcement agencies
- 

Signs and Symptoms

The behaviors listed below may be signs that someone is thinking about suicide.

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Making a plan or looking for a way to kill themselves, such as searching online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain (emotional pain or physical pain)
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently. One resource is the [National Suicide Prevention Lifeline, 1-800-273-TALK \(8255\)](https://www.suicidalthoughts.org/). [The Lifeline is available 24 hours a day, 7 days a week. The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799](https://www.suicidalthoughts.org/)

ANY QUESTIONS

