

December 2013

Suicide Prevention

Paul F. Granello, *The Ohio State University*

Definition

Suicide prevention is inclusive of all activities undertaken for the reduction of the prevalence of suicide.

Prevalence

Suicide is a major, preventable public health problem. In 2012, it was the tenth leading cause of death in the U.S., accounting for approximately 37,000 deaths. The overall rate was 11.3 suicide deaths per 100,000 people. An estimated 11 attempted suicides occur per every suicide death (Centers for Disease Control and Prevention, 2012).

Suicidal behavior is complex as it is influenced by psychological factors such as a mood disorder, as well as, interpersonal and social stressors such as the loss of a meaningful relationship. Suicide because of its biopsychosocial composition is therefore hard to predict and assess. Suicide continues to be a serious public health problem. For example, suicide continues to be a problem for young people. It is currently the 2nd leading cause of death for individuals ages 15-24 in the United States (Granello & Granello, 2007).

Suicide is highly preventable. Some 85% of adolescents who attempt suicide tell someone of their intent prior to their attempt (Bolger, Downey, Walker, & Steininger, 1989; Juhnke, Granello, & Granello, 2011). Also, some 80% of elderly visit their primary care doctor prior to a suicide attempt (Granello & Granello, 2007). In each of these populations, there are opportunities to recognize the warning signs of suicide and intervene (Juhnke, Granello, & Granello, 2011).

Prevention Strategies

For a comprehensive review of suicide prevention program interventions please see:

Gould M. S., Greenberg T., Velting, D. M., & Shaffer D. (2003). Youth suicide risk and preventive interventions: a review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(4), 386-405.

Three main categories of prevention strategies that are generally used in suicide prevention include (Silverman & Felner, 1995):

Universal: Prevention strategies that are designed to intervene with an entire population, where individuals have not yet been identified as at-risk. Examples might include: School-wide screening programs for mental health, depression, or anxiety. Suicide “gate-keeper” programs are trainings in which a large number of individuals in the population are trained to identify and refer those potentially at-risk. Research evidence suggests that adolescent males, in particular, will utilize suicide hotline numbers if they are posted in schools or agencies (Granello & Granello, 2007).

Targeted: Prevention strategies that are designed to intervene with a population where there are individuals known to be at-risk. These individuals may share a common situational or psychological risk factor such as domestic violence, substance abuse, or a high likelihood of mood disorders. Approximately, 90%

of those who complete suicide have an underlying mental health disorder, most frequently a mood disorder (Wetzler et al., 1996). Targeted prevention programs may include providing education concerning community resources and suicide and mental health disorders, and suicide hot-line numbers.

Selected: Treatment interventions designed for working with specifically identified at-risk individuals. Examples include working with a group of adolescents who have depression to develop safety plans, or providing access to positive peer mentoring programs to children who are at-risk for suicide. Also, helping individuals' access medical or behavioral health care for appropriate medication and therapy could be considered a selected intervention. Studies showed that cognitive therapy reduced the rate of repeated suicide attempts by 50 percent during a year of follow-up (Brown, Ten, Henriques, Xie, Hollander, & Beck, 2005). A previous suicide attempt is among the strongest predictors of subsequent suicide, and cognitive therapy helps suicide attempters consider alternative actions when suicidal thoughts emerge (Brown, Ten, Henriques, Xie, Hollander, & Beck, 2005).

Most clinicians do not receive adequate training during their graduate programs to assess and treat suicidal individuals (Juhnke & Granello, 2007). For those clinicians interested in learning more about, or participating in suicide prevention services, please see the resources indicated below:

Resources:

American Association of Suicidology

<http://www.suicidology.org/home>

American Foundation for Suicide Prevention

<http://www.afsp.org/>

Jed Foundation

<http://www.jedfoundation.org/>

National Suicide Prevention Training Center

<http://www.sprc.org/>

For a complete pre-packaged program for suicide prevention with children and adolescents in schools see:

The Guide (University of Florida)

<http://theguide.fmhi.usf.edu/>

REFERENCES

- Bolger, N., Downey, G., Walker, E., & Steininger, P. (1989). The onset of suicidal ideation in childhood and adolescence. *Journal of Youth and Adolescence*, 18, 175-190.
- Brown, G. K., Ten Have, T., Henriques, G. R., Xie, S. X., Hollander, J. E., & Beck, A. T. (2005). Cognitive therapy for the prevention of suicide attempts: a randomized controlled trial. *Journal of the American Medical Association*, 294(5), 563-70.
- Centers for Disease Control and Prevention. (2012, September 17). Injury prevention & control: Data & statistics (WISQARS). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/ncipc/wisqars>.

- Granello, D. H., & Granello, P. F. (2007). *Suicide: An essential guide for helping professionals and educators*. Boston, MA: Allyn & Bacon.
- Juhnke, G., Granello, D. H., & Granello, P. F. (2011). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: John Wiley & Sons.
- Juhnke, G., & Granello, P. F. (2007). Shattered dreams of professional competence: The impact of client suicides on mental health practitioners and how to prepare for it. *The Journal of Creativity and Mental Health Counseling*, 1, 205-223.
- Silverman, M. M., & Felner, R. D., (1995) The place of suicide prevention in the spectrum of intervention: Definitions of critical terms and constructs. *Suicide and Life-Threatening Behavior*, 27, 286-303.
- Wetzler, S., Asnis, G. M., Hyman, R. B., Virtue, C., Zimmerman, J., & Rathus, J. H., (1996). Characteristics of suicidality among adolescents. *Suicide and Life-Threatening Behavior*, 26(1), 37-45.