Snapshot

Suicide: A preventable public health crisis

Effective prevention and intervention approaches

An estimated 9 in 10 people who die by suicide suffer from mental illnesses, most commonly depression. Often these illnesses are untreated or undiagnosed.

Suicide is the tenth leading cause of death in Minnesota. More than 500 people die from suicide each year, three times the number of people who die by homicide. Some age groups are particularly vulnerable—suicide is the second-leading cause of death for young people age 15-34, though people age 75-84 have the highest rates of suicide of any age group. Men are far more likely to die by suicide (82% of deaths are men), although women are more likely to attempt it.

Suicide is an even larger issue than these numbers suggest. It is estimated that for every person who dies by suicide, between 10 and 20 people attempt it. According to the 2007 Minnesota Student Survey, between 22-32 percent of high school seniors report that they have thought about killing themselves at one time. Between 7 and 10 percent of seniors reported that they had ever attempted suicide.

Until a decade ago, strong social stigma associated with suicide and mental health issues discouraged action to openly address them as major health concerns. That changed in 1999, when Surgeon General David Satcher led the "Call to Action to Prevent Suicide" campaign,

identifying suicide as a preventable, public health crisis in the United States. Since then, there has been a national public health-led effort to reduce the number of suicides through prevention and intervention.

Effective prevention and intervention strategies

Suicide prevention experts generally agree on five major areas of prevention: education and awareness for the general public, screening, treatment of psychiatric disorders, responsible media reporting of suicide, and restriction of access to lethal means. While the above strategies are grounded in knowledge of known risk and protective factors for suicide, evaluation of different prevention approaches varies. This snapshot gives a brief overview of each approach, and the research available to support its effectiveness.

Risk and protective factors

Suicide prevention begins with an understanding of risk factors and protective factors (factors that may lower the risk) for an individual. The Suicide Prevention Resource Center has identified the following as some of the most common risk factors:

- Untreated and undiagnosed mental illnesses

Warning signs

Warning signs* demonstrate an escalation of the threat of suicide and should always be taken seriously.

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities — seemingly without thinking
- Feeling trapped — like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

If you or someone you know is displaying any warning signs of suicide, get help immediately or call 1-800-273-TALK.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- Previous suicide attempt
- Family history of suicide
- Loss of a significant relationship (friends or family)
- Easy access to lethal means
- Lack of social support and sense of isolation
- Stigma, which may be a barrier to seeking help
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)

Common protective factors for suicide prevention include:

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation

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Education and screening

Public education campaigns are a common strategy used to improve awareness of suicide risk factors and warning signs, reduce the stigma associated with mental health issues, and provide resources for those who may be considering suicide.

School-based education efforts have been the focus of several evaluations. Although they vary widely in content, they have been shown generally to increase knowledge and improve attitudes of mental illness, and to sometimes increase help-seeking behavior. However, school-based approaches rarely have shown a decrease in the actual rates of suicide. Although a leading cause of death, suicide is an infrequent event among school-aged youth, making it difficult to demonstrate reductions in rates of actual suicide through any one specific intervention. Some evaluations of school-based prevention efforts have shown that such programs actually increase the risk of suicide for high-risk students, but this finding has not been consistent across studies. More research is needed on the impact of school-based prevention efforts.

Screening for suicide risk of students in high schools is gaining popularity as an effective supplement to, or replacement for, school-based education interventions. As was the case for education programs, evaluations of screening have demonstrated increased help-seeking behaviors among youth, rather than decreased rates of suicide.

There is concern of increased risk of suicide among high-risk youth, but this has not borne out in evaluations of screening programs.

Broad public education campaigns have rarely been systematically evaluated, and in fact, remain controversial. There is some evidence that inappropriate public awareness messages are not effective, may "normalize" suicide in the mind of someone at risk, and may even have an adverse effect on people who are at highest risk because the awareness messages do not provide the level of information necessary. Approaches that work to educate gatekeepers, or individuals in close contact with high-risk individuals, may be more appropriate. More systematic research of this approach is also needed.

Medical screening and treatment

Research suggests that educating physicians about suicide warning signs, and encouraging screening of patients for depression (the leading risk factor for suicide), may be effective approaches to preventing suicide. Depression and other psychiatric disorders are underdiagnosed and undertreated in the primary care setting. Because a significant proportion of people who die by suicide were seen by a primary care physician in the weeks preceding their deaths, screening for depression and other psychiatric disorders is an early intervention strategy that can help identify people who may be at increased risk.

The vast majority of people diagnosed with depression do not die by suicide. However, among those who do complete suicide, more than half were suffering from major depression at the time of their death. Treatment of depression and other psychiatric disorders is an important prevention strategy. The use of specific medications for depression, SSRIs (or selective serotonin reuptake inhibitors), have been shown to decrease the risk of suicide in the U.S. and across the world. The use of depression medications, however, is not without

controversy, due to concerns some medications may increase risk of suicidal tendencies among some patients, particularly adolescents. These fears have led the Food and Drug Administration to place stiff "black box" warnings on depression medications prescribed to youth that inform physicians, parents and youth of the possible increased risk of suicide. More research is needed to understand these possible connections.

Means restriction

Of all prevention and intervention strategies implemented, none have had reduced rates of suicide more dramatically than restricting means of suicide. Research has shown that suicidal crises are often short-lived. There is evidence that reducing access to means can be a powerful protective factor by allowing time for the crisis to pass.

Research has consistently demonstrated a reduction in the rates of suicide by a specific method when efforts to restrict access to that method have been in place. The greatest declines in the suicide rate are seen when a common method of suicide is restricted, such as the installation of a protective net around a popular bridge or restrictions on handgun ownership and storage. In Minnesota, more than half of completed suicides result from use of a firearm.
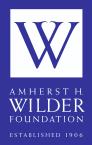
Means restriction is not without controversy. Means restriction often indicates changes and restrictions on the liberties of the general population. Some changes can be particularly controversial, such as changing the aesthetics of a bridge or monument, or restricting access to firearms. There is a sense among the general public that people who are going to complete suicide are "going to find another way to do it." However, suicide is often a short-lived crisis and the risk of substitution of means has been found to be small.

Media reporting

Effective reporting of suicide in the media is an additional strategy that is used in suicide prevention, although one that is a less direct prevention or intervention strategy. The reporting of suicide in the media is a common occurrence, and, if done incorrectly or inappropriately, it can have devastating consequences for those at highest risk for dying. Glamorizing or romanticizing suicide through media reports has been related to suicide contagion, or copycat suicide.

Research has shown an increase in suicide when stories about individual suicides increases, a particular death is reported at length or in many stories, or the story of an individual death by suicide is placed on the front page or at the beginning of a broadcast. In addition, dramatic headlines about specific suicide deaths can be problematic. Such media reports may encourage high-risk individuals to consider suicide as a viable and attractive option.

However, responsible media reporting can play an important role in the prevention of suicide by providing accurate information on the likely causes of suicide, warning signs, and resources for help. The American Foundation for Suicide Prevention has developed a comprehensive set of guidelines to help media report about suicide in a safe and informative way, without causing undue risk or harm to those who may be vulnerable to such stories.

Additional resources

The American Foundation for Suicide Prevention. Website: www.afsp.org

Daigle, M.S. (2005). Suicide prevention through means restriction: assessing the risk of substitution. A critical review and synthesis. *Accident Analysis and Prevention, 37*, 625-632.

Hammond, W.R., Whitaker, D.J., Lutzker, J.R., Mercy, J., & Chin, P.M. (2006). Setting a violence prevention agenda at the centers for disease control and prevention. *Aggression and Violent Behavior, 11*, 112-119.

Mann, J.J., Apter, A., Bertolote, J., et.al. (2005). Suicide prevention strategies: a systematic review. *JAMA, 294,* 2064-2074.

The Substance Abuse and Mental Health Services Administration National Mental Health Center. Website: www.mentalhealth.samhsa.gov

Suicide Awareness Voices of Education. Website: www.save.org

Suicide Prevention Plan Update. Minnesota Department of Health. 2007. Website: http://www.health.state.mn.us/mentalhealth/suiciderpt07.pdf

The Suicide Prevention Resource Center. Website: www.sprc.org

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