

# Suicide: Prevention and Postvention

Suicide is a major public health problem, with about 30,000 suicides a year in the U.S. and almost one million a year around the world. Estimates are that there are 10-20 suicide attempts for every completed suicide. In the U.S., males are about four times as likely to complete suicide as females, although females attempt suicide at a rate that is 2 to 3 times that of males. Studies indicate that about 90% of people who die by suicide have a psychiatric disorder, often undiagnosed and untreated. Clinical depression is the most common mental health issue associated with suicide. Bipolar disorder, substance abuse, and schizophrenia also show elevated rates of suicide completion.

## **What Causes Suicide?**

There is no single cause of suicide. Rather, most suicides appear to be the result of a convergence of many factors that can include biology (e.g., dysregulated serotonin levels in the brain), psychiatric disorders, environmental stressors (e.g., recent interpersonal losses, financial problems, public humiliation), and distorted thinking on the part of the suicidal individual (e.g., hopelessness and perceived burdensomeness to others).

## **What are the warning signs of suicide?**

Warning signs of imminent risk for suicide in an individual include:

- direct and indirect communications of the wish and intent to die,
- thinking that is preoccupied with death or suicide as a solution to perceived life problems,
- “leave-taking” activities (e.g., saying good-bye or giving away possessions),
- presence of a plan for suicide along with access to the means to complete the act (e.g., purchase of a firearm),
- high levels of despondency, hopelessness, or emotional dysregulation (e.g. panic symptoms, rage responses, sleeplessness, etc.), and
- engaging in high risk behaviors (e.g., speeding in one’s car, cutting one’s body, heavy substance abuse, etc.).

Longer-term factors that indicate elevated risk for suicide include exposure to the suicide of a first degree relative (such as a parent or sibling) or intimate peer, a history of psychiatric disorders (particularly mood disorders) and/or impulsive behavior, a history of trauma and sexual abuse (particularly as a child), and perhaps most importantly, a history of previous suicide attempts.

## **What is a Suicide Survivor?:**

The term “suicide survivor” refers to an individual who is grieving the death of someone who died due to suicide. Survivors may include relatives, friends, workmates, and anyone who has been significantly psychologically affected by the death. Survivors often experience a wide range of strong reactions after a suicide that include a mixture of grief and trauma reactions: shock and confusion, a strong need to understand why the deceased ended their life, an exaggerated sense of guilt, anger at the deceased, shame and humiliation, and horror at the manner of death. In addition, due to the social stigma that still surrounds psychiatric disorder

and suicide in many social networks, survivors often experience complex problems in managing the reactions of others to the death.

These include problems with avoidance of the topic of suicide and of the mourner themselves, demands for an explanation for the reasons for the death, and scapegoating of the mourner for causing or failing to prevent the suicide. While there is some controversy as to whether bereavement after suicide is different from other types of losses over the long term, there is considerable evidence that survivors of suicide loss show elevated rates of psychological distress, complicated grief, and social problems when compared to most natural death survivors, and similar rates of difficulties when compared to survivors of other sudden, unexpected, and violent deaths (e.g., homicide). In fact, there is growing evidence that survivors themselves show elevated rates of suicidal ideation, attempts, and completions themselves, once exposed to the suicide of a psychologically important intimate.

## Interventions

While there are many controlled, evidence-based interventions for most of the psychiatric disorders that are associated with suicide, until recently there have been very few studies of either pharmacological or psychotherapeutic treatments that specifically prevent suicide. Certain drugs have been shown to reduce suicide rates for certain psychiatric disorders (e.g., Lithium for bipolar disorder). Likewise, there is some evidence for the efficacy of cognitive-behavioral treatments for suicidal individuals, or for dialectical behavior therapy for suicidal persons with borderline personality disorder.

Clinical experience, however, suggests that a strong therapeutic relationship with a competent mental health professional who is experienced at working with a suicidal individual can be life-saving. Likewise, there is considerable clinical evidence that anti-depressant medication may be very helpful where depression is contributing to the suicidality of an individual. It should be noted that there is also some evidence that some anti-depressant drugs may temporarily increase suicidality in children and adolescents early in the treatment process. Careful monitoring by a medical professional of all use of anti-depressant medication in depressed individuals is now recommended.

### Help for Survivors

Unfortunately, there also have been very few interventions specifically developed for survivors of the suicide of a loved one. The most common form of organized support appears to be bereavement support groups, often facilitated by a more “veteran” survivor. Clinical and survey data suggest that contact with other survivors who are going through the difficult experience of suicide bereavement may be a very important part of the emotional healing process. (See the resource list below for directories of support groups in the U.S.).

Other interventions that may be of value for survivors include grief counselling, participation in internet chat rooms, bibliotherapy, and journaling. While most survivors can expect to have a more prolonged and complicated grieving process than after death from natural causes, grief responses that seem to become more intense with time after the first year or two, that involve symptoms of trauma (flashbacks, severe anxiety symptoms, Hypervigilance, etc.), or that lead to an inability to function in life roles, substance abuse, or crippling depression (including suicidal feelings in the survivor) require assistance from a mental health professional who is experienced with both grief and trauma.

Survivors do recover from and integrate the loss of a loved one to suicide, but the journey is one that requires patience, support, and compassion from the community around the survivor.

## Resources & Links

1. American Association of Suicidology -4201 Connecticut Ave. NW/Suite 408 Washington, D.C. 20008 Telephone 202-237-2280. [www.suicidology.org/](http://www.suicidology.org/). A organization of professional clinicians and researchers committed to suicide prevention. Includes a survivor division with list of support groups.
  2. American Foundation for Suicide Prevention 120 Wall Street – 22<sup>nd</sup> Floor, New York, NY-10005 Telephone 888-333-2377. [www.afsp.org/](http://www.afsp.org/). AFSP is a non-profit foundation whose mission is to support research and education into the causes and prevention of suicide. The mission is also to provide information and support to suicide survivors. This includes a database of survivors support groups, and an annual Survivors of Suicide teleconference, with viewing sites around the nation.
  3. National Suicide Prevention Lifeline - 1-800-273-TALK (8255) – A national crisis number which is available 24/7, anywhere in the United States. The caller is immediately connected to a local crisis center with people trained to respond to a suicidal individual, or family/ friends calling for assistance. [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
  4. Suicide Prevention Resource Center (SPRC) 877-438-7772 [www.sprc.org](http://www.sprc.org). A national resource and clearing house for all types of information related to suicide prevention. Provides technical assistance and resources for organizations and communities seeking to establish or strengthen suicide prevention efforts in their area.
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