The Aftermath Of Suicide:
What Can Be Done & How Should We Talk About It?

© 2018 Otsuka Pharmaceutical Development & Commercialization, Inc., Rockville, MD
Lundbeck, LLC.
August 2018
MRC2.CORP.D.00367
If you or someone you know is in crisis, call:

**Suicide Prevention Hotline/Lifeline**
1-800-273-TALK(8255)

Or text:

**Crisis Text Line**
741-741
Today’s Speakers

Julie Cerel, PhD
President, American Association Of Suicidology
Professor, College Of Social Work, University Of Kentucky
Member, Editorial Board, Suicide & Life Threatening Behavior

Jill Harkavy-Friedman, PhD
Vice President, Research, American Foundation For Suicide Prevention
Associate Professor, Columbia University
This program is paid for by Otsuka Pharmaceutical Development & Commercialization, Inc. and Lundbeck, LLC. The speakers are compensated contractors of Otsuka Pharmaceutical Development & Commercialization, Inc.

Dr. Harkavy-Friedman did not receive compensation for her participation in today’s virtual forum.
PsychU Virtual Forum Rules Of Engagement:

Otsuka Pharmaceutical Development & Commercialization, Inc. (OPDC) and Lundbeck, LLC. have entered into collaboration with OPEN MINDS, to explore new ways of bringing/increasing awareness around serious mental illness.

OPDC/Lundbeck’s interaction with OPEN MINDS is through PsychU, an online, non-branded portal dedicated to providing information and resources on important disease state and care delivery topics related to mental illness. One of the methods employed for the sharing of information will be the hosting of virtual fora. Virtual fora conducted by OPDC/Lundbeck are based on the following parameters:

When conducting medical dialogue, whether by presentation or debate, OPDC/Lundbeck and/or its paid consultants aim to provide the viewer with information that is accurate, not misleading, scientifically rigorous, and does not promote OPDC/Lundbeck products.

No continuing medical education (CME) credits are available for any PsychU program.

OPDC/Lundbeck and/or their paid consultants do not expect to be able to answer every question or comment during a PsychU Virtual Forum; however, they will do their best to address important topics and themes that arise.

OPDC/Lundbeck and/or their paid consultants are not able to provide clinical advice or answer questions relating to specific patient’s condition.

Otsuka and Lundbeck employees and contractors should not participate in this program (e.g., submit questions or comments) unless they have received express approval to do so from Otsuka Legal Affairs.

OPDC/Lundbeck operate in a highly regulated and scrutinized industry. Therefore, we may not be able to discuss every issue or topic that you are interested in, but we will do our best to communicate openly and directly. The lack of response to certain questions or comments should not be taken as an agreement with the view posed or an admission of any kind.
Objectives

• Provide A Brief Overview Of Suicide Rates In United States

• Review A Theoretical Model Of Suicide

• Discuss Bereavement & Postvention Strategies

• Discuss The Impact Of Language & Media Coverage
Suicide Rate
In The United States
Suicide Death Rates By State

Suicide rates rose across the US from 1999 to 2016.

- Increase 38 - 58%
- Increase 31 - 37%
- Increase 19 - 30%
- Increase 6 - 18%
- Decrease 1%


The information provided by PsychU is intended for your educational benefit only. It is not intended as, nor is it a substitute for medical care or advice or professional diagnosis. Users seeking medical advice should consult with their physician or other healthcare professional.
Suicide Statistics

- In 2010, suicide was the 13th leading cause of YLL globally; more prevalent in regions with advanced health care systems.

- Worldwide, nearly 800,000 people die of suicide each year.

- In the United States, 44,965 Americans die by suicide annually:
  - An average 123 suicides occur each day
  - For every suicide, 25 people make the attempt

- Suicide costs the U.S. $69B annually.

- Between 1999-2014, the age-adjusted suicide rate in the U.S. increased by 24%.

YLL = Years Of Life Lost

Suicide Statistics (Continued)

• HCUP reported that by 2013, **1% of all emergency room visits involved suicidal ideation**, a 12% increase since 2006¹

• ED-SAFE Clinical Trial: recent results demonstrated that **as a result of universal screening in emergency departments**, patients identified with suicide risk increased from 2.9% to **5.7%²**

• About **90% of suicide deaths occur in someone with mental illness**³

---

**Suicidal Deliberation Duration Reported By Survivors⁴**

- 24%
- 23%
- 13%
- <5 Minutes
- 5-19 Minutes
- 20-60 Minutes
- 1+ Days

---


Suicide Myths Abound

“People who die by suicide don’t give warning signs.”

“It’s mostly young men who die by suicide.”

“Talking about suicide may give someone the idea to do it.”

“People serious about suicide can’t be helped. What’s the point?”

“People who talk about suicide are just attention seekers.”

“If someone is really serious about suicide, they don’t talk about it, they just do it.”
Suicide-Relevant Terminology

- **Suicide**
  Death caused by self-directed injurious behavior with any intent to die as a result of the behavior\(^1,2\)

- **Suicidal Behavior**
  Encompasses completed suicide, suicide attempt, and preparatory behaviors\(^1\)

- **Suicide Attempt**
  A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior\(^1,2\)

- **Suicide Ideation**
  Thinking about, considering, or planning suicide\(^1\–^3\)

- **Suicide Loss Survivor**
  A family member, friend, or loved one of an individual who died by suicide\(^4\)

- **Attempt Survivor**
  An individual who survived an attempted suicide\(^4\)

- **Non-Suicidal Self-Injurious Behavior**
  Self-injurious behavior conducted with no intent to die, e.g., superficial cuts or scratches, hitting/banging, or burns\(^5\)

- **Unacceptable Terms**
  Committed suicide, suicide gesture, parasuicide, failed/successful attempt, suicidality\(^1\)

---

Model
Of Suicide
There is never one single cause for suicide, there are interacting risk and protective factors

Bereavement & Postvention
The Continuum Of “Survivorship”

Suicide Bereavement

- A prolonged, intense search for the reason for a suicide
- A distorted sense of responsibility
- Feelings of being blamed
- Increased anxiety, anger and shame


Impact Of Suicide Exposure

Exposure to the suicide of a close contact is associated with:

- Increased depression
- Psychiatric admission
- Risk of suicide in survivors

![Graph showing prevalence of depression, anxiety, and suicidal ideation by suicide-exposure.]


The information provided by PsychU is intended for your educational benefit only. It is not intended as, nor is it a substitute for medical care or advice or professional diagnosis. Users seeking medical advice should consult with their physician or other healthcare professional.
Suicide Exposure

• 51% of persons report at least one lifetime suicide exposure; 28% had lifetime exposure of 2 or more suicides

• Relationship to decedent:
  – 40% were friends
  – 42% remote relatives and acquaintances
  – <10% first degree relatives

• **Knowing** someone who took their life by suicide may be substantially different than being negatively impacted by that person’s suicide.

• ~90 million suicide bereaved adults in the United States and ~45 million greatly distressed bereaved

1. Feigelman et al. *J Affective Disorders* 2018;227:1-6
Suicide Exposure
Who Is “Personally Affected”? 

• No differences between survivors and non-survivors when considering some key socioeconomic and distance traits

• People who lose close family members to suicide are the most likely to have strong reactions and need clinical support; perception of closeness is key

Implications For Clinical Practice

Benefits Of Therapy

- **ASK** about exposure to suicide, not just in the family

- An online survey (N=197) conducted with survivors who had been in individual therapy showed:¹
  - 62.1% (n=103) of survivors reported that therapy was **quite/very beneficial**²
  - Only 8.4% (n=14) reported therapy was not at all beneficial
  - 8.6% (n=15) of survivors stated that their therapists identified as a survivor of suicide loss²

---


² Views of Dr. Cerel
Tips for Therapists

• Attend to the unique nature of suicide bereavement
• Be genuine, authentic, and compassionate
• Screen for and treat PTSD and depression
• Normalize feelings: guilt, shame, stigma
• Help people understand that there might be growth/hope after the suicide (post-traumatic growth)
• Help people understand that we don’t really know what helps most after a suicide
• Be knowledgeable about other resources & sources of support for the survivor

PTSD = Post Traumatic Stress Disorder

Post-Traumatic Growth

• Positive psychological change experienced as a result of the struggle with highly challenging life circumstances\(^1\)

• 154 parents bereaved by the suicide death of a child
  – Inverse relationship between Post-Traumatic Growth (PTG) and resilience\(^2\)
  – Highly resilient individuals have stronger coping skills and may not struggle with the psychological consequences of trauma and experience positive life changes as a result\(^2\)


Exposure Summary

• More touched by suicide than commonly thought
  – ~90 million suicide bereaved adults in the United States
  – ~45 million greatly distressed bereaved

• Many survivors remain isolated

• Mental health service scope expansion is needed to address the needs of this population

• Speaking out can lead to sources of compassionate support

---

Media Coverage
Media Coverage: Important Notes¹

- Certain types of news coverage can increase the likelihood of suicide in vulnerable individuals
  - The magnitude of the increase is related to the amount, duration and prominence of coverage

- Risk of additional suicides increases when the story explicitly describes the suicide method:
  - Use of dramatic/graphic headlines or images
  - Repeated/extensive coverage sensationalizes or glamorizes a death

- Covering suicide carefully, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help

American Foundation For Suicide Prevention: Tips For Reporting On Suicide

• **Use correct terminology**
  “Died by suicide” or “Took his / her life”

• **Provide helpline information**
  If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or contact the Crisis Text Line by texting TALK to 741741

• **Avoid details / images of means / method**

• **Do not refer to suicide as a**
  “growing problem”, “epidemic”, or “skyrocketing”

• **Exclude graphic depictions**

• **Avoid details about the location**

• **Do not share notes left behind**

• **Avoid terminology like**
  “successful”, “unsuccessful”, “failed attempt”

• **Avoid attributing suicide to a single event**

• **Convey that suicidal thoughts and behaviors can be reduced**

• **Use up-to-date suicide data**

• **Share hopeful message in choice of language, graphics, and tone**

---

American Foundation For Suicide Prevention: Best Practices In Media Coverage

Instead Of This:

- Big or sensationalistic headlines, or prominent placement
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals
- Describing recent suicides as an “epidemic, “skyrocketing,” or other strong terms.
- Describing a suicide as inexplicable or “without warning”

Do This:

- “A note from the deceased was found and is being reviewed by the medical examiner”
- Report on suicide as a public health issue
- Seek advice from suicide prevention experts
- Describe as “died by suicide” or “completed” or “killed him/herself”

American Foundation For Suicide Prevention: Best Practices In Media Coverage (Continued)

Instead Of This:
• “John Doe left a suicide note saying…”
• Investigating/reporting on suicide in similar manner as crime
• Quoting/interviewing police or first responders about the causes of suicide
• Referring to suicide as “successful, “unsuccessful” or a “failed attempt”

Do This:
• “A note from the deceased was found and is being reviewed by the medical examiner”
• Report on suicide as a public health issue
• Seek advice from suicide prevention experts
• Describe as “died by suicide” or “completed” or “killed him/herself”

Know The Risk Factors

- History of suicide attempt(s)\(^1,3\)
- History of alcohol and/or drug abuse\(^1,2,3,4\)
- Family history of suicide\(^1,3\)
- Comorbid anxiety\(^2\)
- Number of depressive recurrences\(^2,3,4\)
- Exposure to suicide of a loved one\(^1,3\)
- History of abuse (physical, sexual, verbal)\(^1,2,3,4\)
- Earlier age of onset\(^2\)
- Feelings of hopelessness\(^1,3\)
- Barriers to health care access (i.e., poverty)\(^1\)
- Loss of a significant relationship\(^1,3\)
- Access to lethal methods (gun, pills, etc.)\(^1\)
- Severe-to-extreme stressors\(^1,3,4\)
- Unwillingness to seek help because of stigma\(^1\)
- Social isolation or interpersonal impoverishment\(^1,3\)

American Foundation For Suicide Prevention: Warning Signs & What To Do

- Talking About:
  - Wanting to die
  - Feeling hopeless / having no purpose
  - Feeling trapped / in unbearable pain
  - Feeling hopeless / having no purpose
  - Being a burden to others

- Looking for a way to kill oneself

- Increasing use of alcohol or drugs

- Acting anxious, agitated, or recklessly

- Sleeping too little/too much

- Withdrawing or feeling isolated

- Showing rage/talking about seeking revenge

- Displaying extreme mood swings

If Someone You Know Exhibits Warning Signs Of Suicide…

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional


The information provided by PsychU is intended for your educational benefit only. It is not intended as, nor is it a substitute for medical care or advice or professional diagnosis. Users seeking medical advice should consult with their physician or other healthcare professional.
Protective Factors For Suicide Risk

- Effective treatment, including substance abuse treatment
- Access to clinical interventions
- Good relationship with health care providers
- Support/strong relationships with family, friends, pets, and/or community
- Interpersonal and conflict-resolution skills
- Cultural values that discourage suicide
- Religious beliefs/convictions/attitudes that discourage suicide

Summary

1. Suicide is a public health issue that may be prevented with effective treatments, access to clinical interventions, and support/strong relationships with family, friends, pets and/or community

2. In the US, millions of people are suicide bereaved who need community support and mental health services

3. Covering suicide carefully in the media may change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help
Questions
Closing
## Upcoming Virtual Fora*

<table>
<thead>
<tr>
<th>Event</th>
<th>Speaker(s)</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can We Improve Functioning In Our Patients with Schizophrenia?</td>
<td>• Greg Mattingly, MD</td>
<td>September 26, 2018</td>
<td>12:00pmET</td>
</tr>
<tr>
<td></td>
<td>• Ralph Aquila, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evolving Pharmacology Of Depression: Beyond The Monoamine Hypothesis</td>
<td>• Robin Nelson, MD</td>
<td>October 9, 2018</td>
<td>12:00pmET</td>
</tr>
<tr>
<td></td>
<td>• Richard Jackson, MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanizing Bipolar Disorder: David’s Story Of Hope, Recovery, &amp; Wellness</td>
<td>• Suresh Sureddi, MD</td>
<td>October 16, 2018</td>
<td>12:00pmET</td>
</tr>
<tr>
<td></td>
<td>• Catherine Judd, MS, PA-C, CAQ-Psy, DFAAPA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Register for these programs at [https://www.PsychU.org/events](https://www.PsychU.org/events)
The Aftermath Of Suicide:
What Can Be Done & How Should We Talk About It?