

# The Aftermath Of Suicide:

## What Can Be Done & How Should We Talk About It?



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**

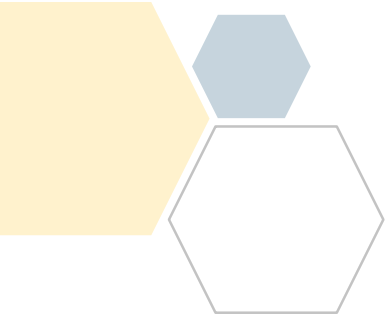
# Objectives



- 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

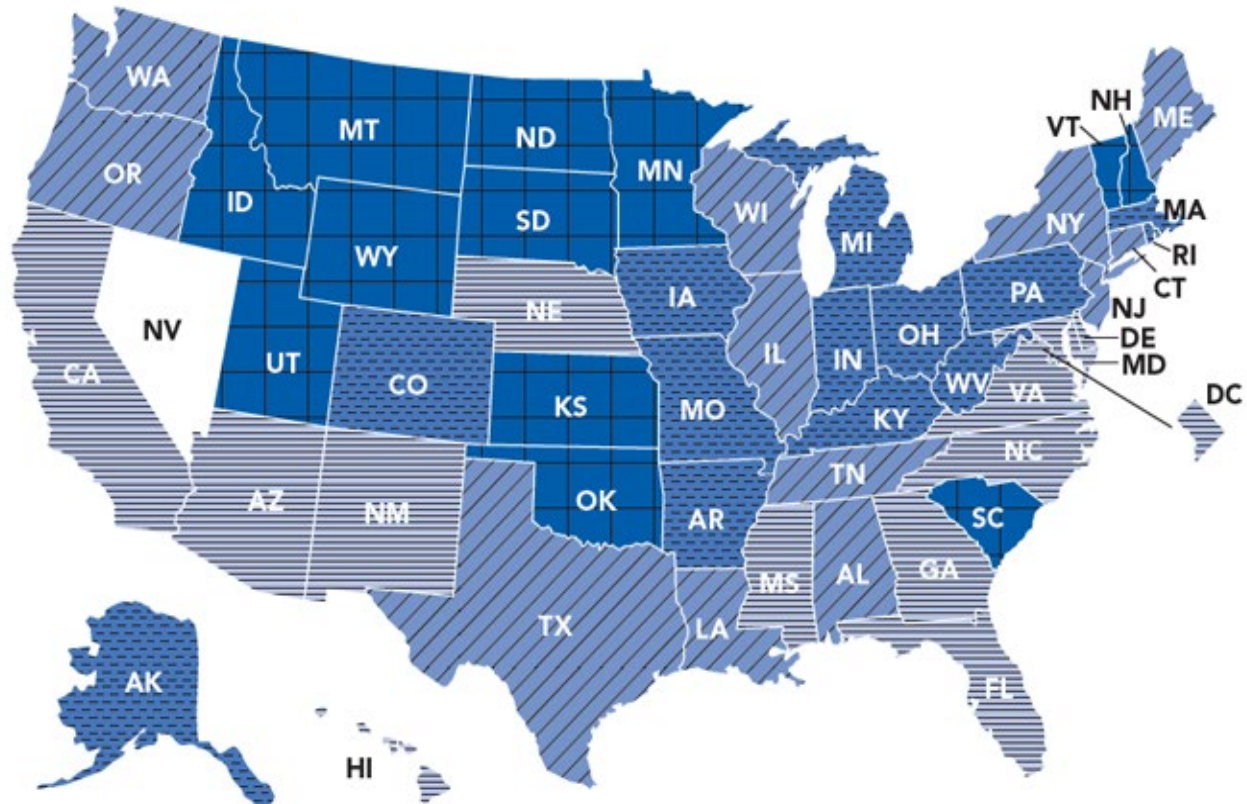


# Suicide Rate In The United States



# Suicide Death Rates By State

Suicide rates rose across the US from 1999 to 2016.



1. Centers for Disease Control & Prevention (CDC). (2018). National vital statistics system. *CDC Vital Signs*. Atlanta, GA: CDC. Retrieved from CDC.gov.

# Suicide Statistics

- **In 2010, suicide was the 13<sup>th</sup> leading cause of YLL globally; more prevalent in regions with advanced health care systems**<sup>1</sup>
- **Worldwide, nearly 800,000 people die of suicide each year**<sup>2</sup>
- **In the United States, 44,965 Americans die by suicide annually**<sup>3</sup>
  - An average 123 suicides occur each day
  - For every suicide, 25 people make the attempt
- **Suicide costs the U.S. \$69B annually**<sup>3</sup>
- **Between 1999-2014, the age-adjusted suicide rate in the U.S. increased by 24%**<sup>4</sup>

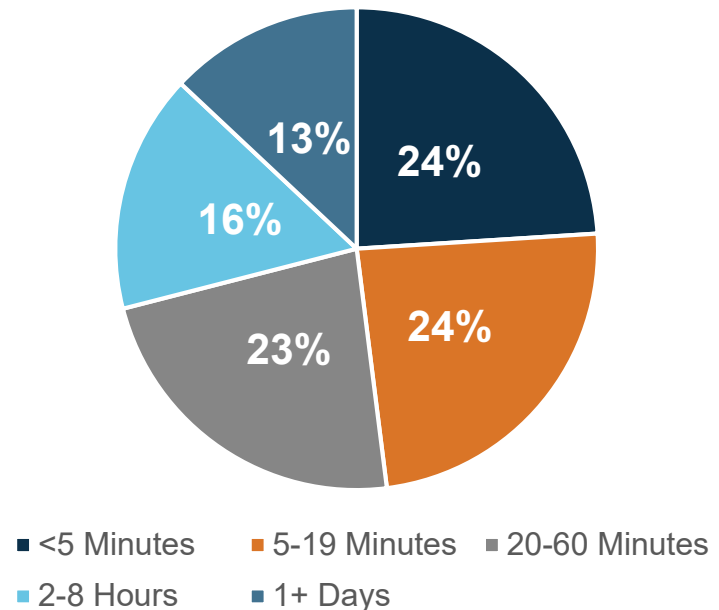
YLL = Years Of Life Lost

1. Ferrari, A.J., et.al. (2014). The burden attributable to mental and substance use disorders as risk factors for suicide: Findings from the Global Burden of Disease Study 2010. *PLoS ONE*, 9(4): e91936. Retrieved from Journals.Plos.org.
2. World Health Organization (WHO). (n.d.) Suicide data. Retrieved from WHO.int.
3. American Foundation for Suicide Prevention (AFSP). (n.d.) Suicide statistics. New York, NY: AFSP. Retrieved from AFSP.org.
4. Centers for Disease Control & Prevention (CDC). (2016). Increase in suicide in the United States, 1999-2014. *NCHS Data Brief No. 241*. Atlanta, GA: CDC. Retrieved from CDC.gov.

# Suicide Statistics (Continued)

- HCUP reported that by 2013, **1% of all emergency room visits involved suicidal ideation**, a 12% increase since 2006<sup>1</sup>
- 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%**<sup>2</sup>
- About **90% of suicide deaths occur in someone with mental illness**<sup>3</sup>

Suicidal Deliberation Duration Reported By Survivors<sup>4</sup>



HCUP Healthcare Cost and Utilization Project  
ED-SAFE Emergency Department Safety Assessment and Follow-up Assessment

1. Owens, P.L., et. al. (2017). Emergency department visits related to suicidal ideation, 2006-2013. *Statistical Brief #220*. Rockville, MD: Agency For Healthcare Research & Quality (AHRQ). Retrieved from NCBI.NLM.NIH.gov.
2. Betz, M.A., et.al. (2016). Reducing suicide risk: Challenges and opportunities in the emergency department. *Annals of Emergency Medicine*, 68(6). Retrieved online from AnnEmergMed.com.
3. National Alliance on Mental Illness (NAMI). (n.d.) Risk of suicide. Arlington, VA: NAMI. Retrieved from NAMI.org.
4. Simon, T. (2005). [Personal Communication]. Cited In Duration of Suicidal Crises on Harvard T.H. Chan School of Public Health Means Matter. Retrieved from HSPH.Harvard.edu.

# 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.”**

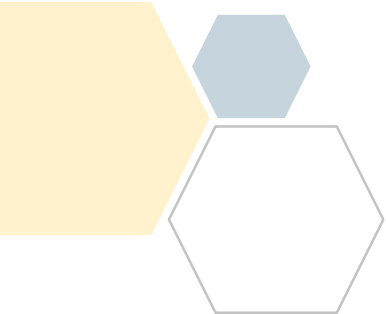


# Suicide-Relevant Terminology

- **Suicide**  
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior<sup>1,2</sup>
- **Suicidal Behavior**  
Encompasses completed suicide, suicide attempt, and preparatory behaviors<sup>1</sup>
- **Suicide Attempt**  
A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior<sup>1,2</sup>
- **Suicide Ideation**  
Thinking about, considering, or planning suicide<sup>1-3</sup>
- **Suicide Loss Survivor**  
A family member, friend, or loved one of an individual who died by suicide<sup>4</sup>
- **Attempt Survivor**  
An individual who survived an attempted suicide<sup>4</sup>
- **Non-Suicidal Self-Injurious Behavior**  
Self-injurious behavior conducted with no intent to die, e.g., superficial cuts or scratches, hitting/banging, or burns<sup>5</sup>
- **Unacceptable Terms**  
Committed suicide, suicide gesture, parasuicide, failed/successful attempt, suicidality<sup>1</sup>

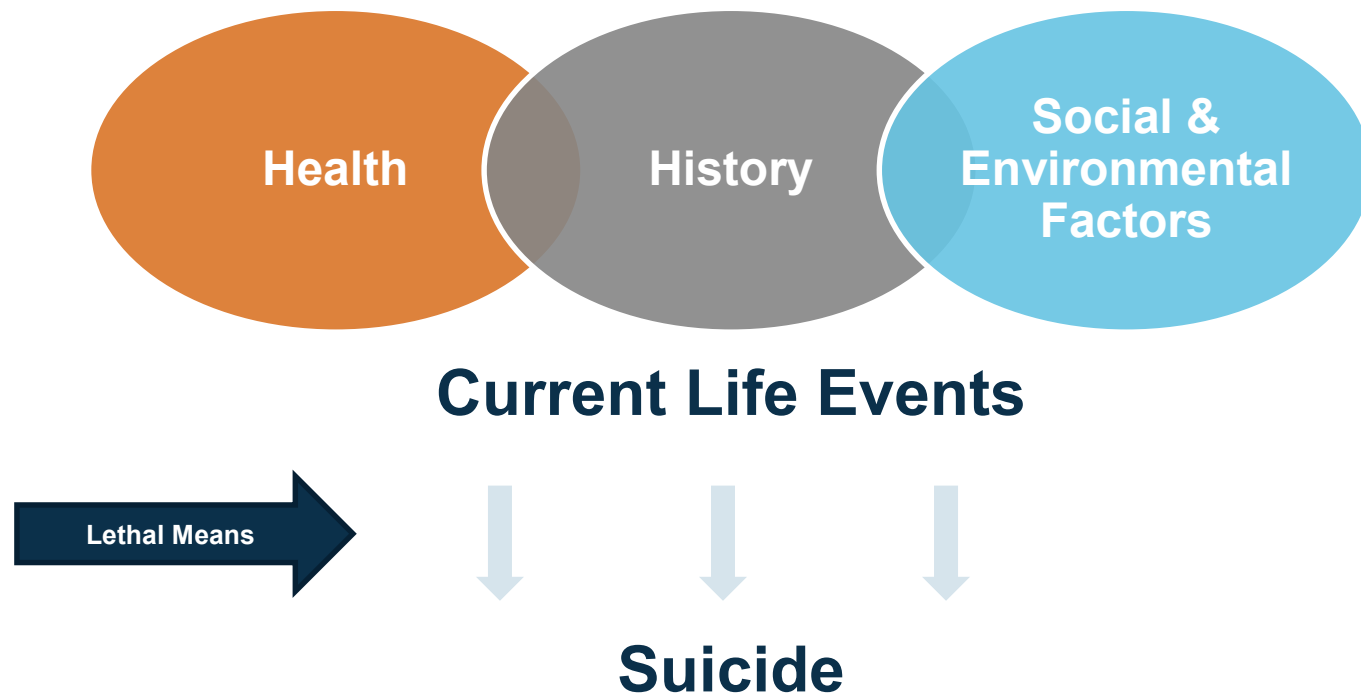
1. Crosby, A.E., Ortega, L., & Melanson, C. (2011). Self-directed violence surveillance: Uniform definitions and recommended data elements. Atlanta, GA: Centers for Disease Control & Prevention (CDC) National Center for Injury Prevention & Control – Division of Violence Prevention. Retrieved from CDC.gov.
2. Centers for Disease Control & Prevention (CDC). (n.d.) Definitions: Self-directed violence. Atlanta, GA: CDC. Retrieved from CDC.gov.
3. Cannon, K.E., & Hudzik, T.J. (Eds). (2014). *Suicide phenomenology & neurobiology*. Springer International Publishing: Switzerland.
4. Freedenthal, S. (2014). Wait, who is a suicide survivor again? Retrieved from SpeakingOfSuicide.com.
5. Jans, T., Tanel, Y., & Warnke, A. (Eds). (2012). *International Association for Child & Adolescent Psychiatry & Allied Professions (IACAPAP) Textbook of Child & Adolescent Mental Health*. Retrieved from IACAPAP.org.

# Model Of Suicide



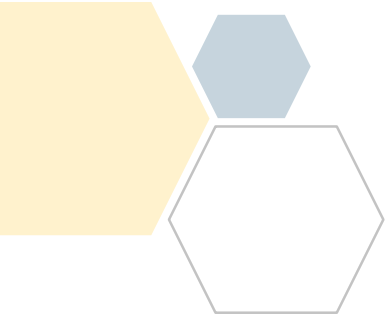
# Model Of Suicide

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

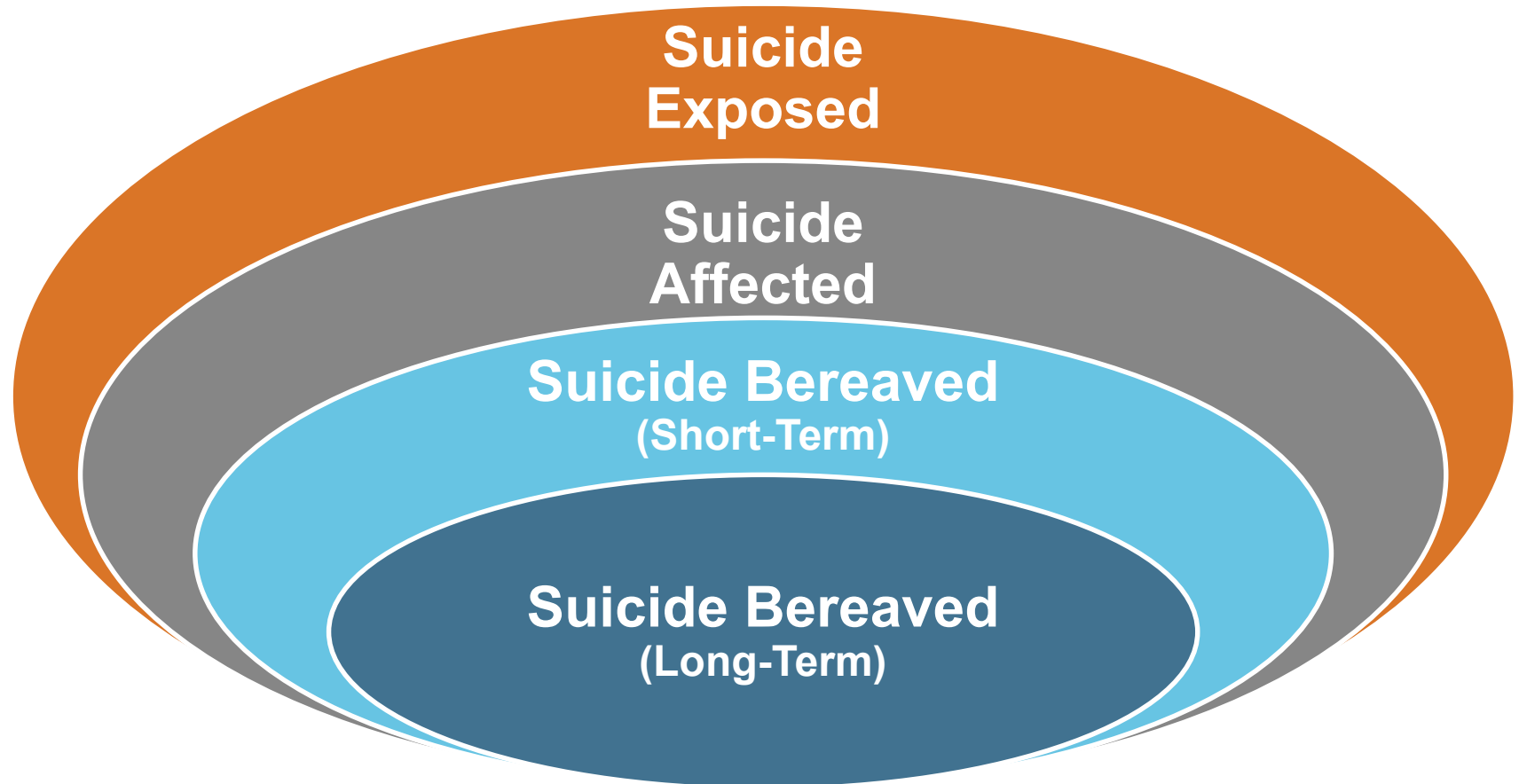


1. Moutier, C. (2016) Suicide prevention: Translating evidence into practice. *The Psychiatric Times*, 33(5): 38-40. Retrieved from PsychiatricTimes.com.

# Bereavement & Postvention



# The Continuum Of “Survivorship”



1. Cerel, J., McIntosh, J.L., Neimeyer, R.A., Maple, M., Marshall, D. (2014). The continuum of “survivorship”: Definitional issues in the aftermath of suicide. *Suicide & Life Threatening Behavior*, 44(6): 591-600. Retrieved from NCBI.NLM.NIH.gov.

# Suicide Bereavement

- A prolonged, intense search for the reason for a suicide<sup>1</sup>
- A distorted sense of responsibility<sup>2</sup>
- Feelings of being blamed<sup>2</sup>
- Increased anxiety, anger and shame<sup>3</sup>

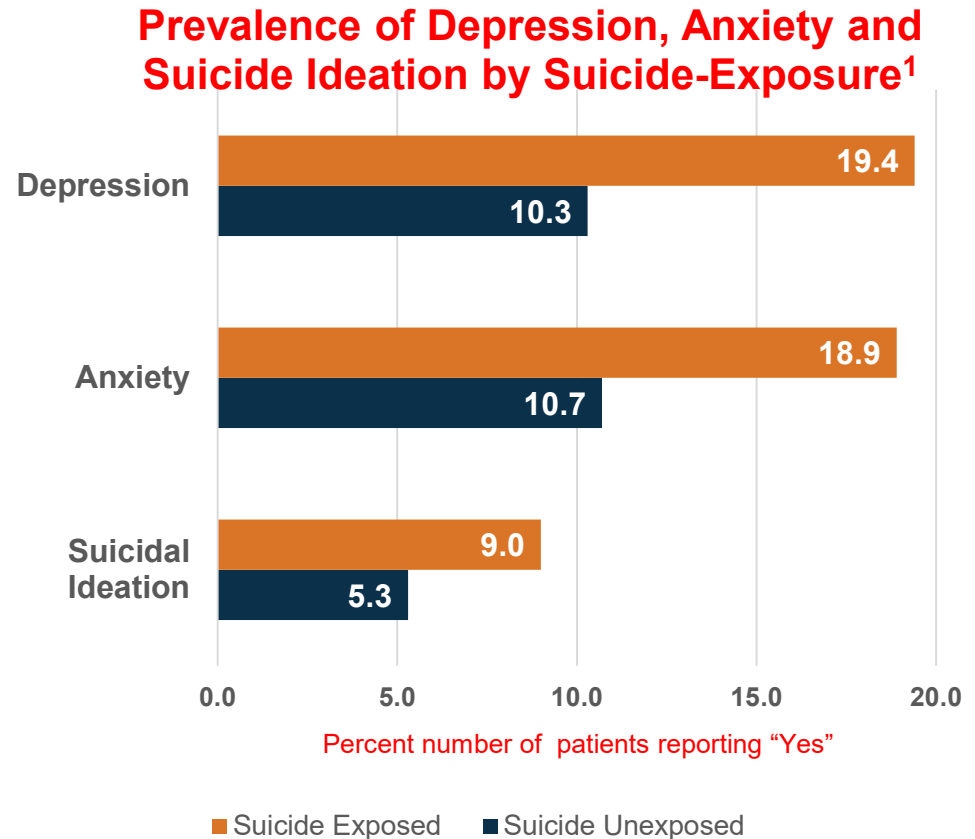


1. Wagner, K.G., & Calhoun, L.G. (1992). Perceptions of social support by suicide survivors and their social networks. *OMEGA – Journal of Death & Dying*, (24)1: 61-73. Retrieved from Journals.SagePub.com.
2. Dunn, R.G. & Morrish-Vidners, D. (1987-1988). The psychological and social experience of suicide survivors. *OMEGA – Journal of Death & Dying*, (18)3: 175-215. Retrieved from Psycnet.APA.org.
3. Cerel, J., Fristad, M.A., Weller, E.B., Weller, R.A. (1999). Suicide-bereaved children and adolescents: A controlled longitudinal examination. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(6): 1. Retrieved from JAACAP.org.

# Impact Of Suicide Exposure

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

- Increased depression<sup>1</sup>
- Psychiatric admission<sup>2</sup>
- Risk of suicide in survivors<sup>2</sup>



1. Cerel, J., et. al. (2016). Exposure to suicide in the community: Prevalence and correlates in one U.S. state. *Public Health Records*, 131: 100 -107. Retrieved from NCBI.NLM.NIH.gov.

2. Pitman, A., Osborn, D., King, M., Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry, Suicide*, 1(1): 86-94. Retrieved from TheLancet.com.

# Suicide Exposure

- 51% of persons report at least one lifetime suicide exposure; 28% had lifetime exposure of 2 or more suicides<sup>1</sup>
- Relationship to decedent:<sup>1</sup>
  - 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.<sup>1,2</sup>
- ~90 million suicide bereaved adults in the United States and ~45 million greatly distressed bereaved<sup>1</sup>

1. Feigelman et al. *J Affective Disorders* 2018;227:1-6

2. Berman A. (2011). Estimating the Population of Survivors of Suicide: Seeking an Evidence Base. *Suicide Life Threat Behav* 41(1): 110-116.

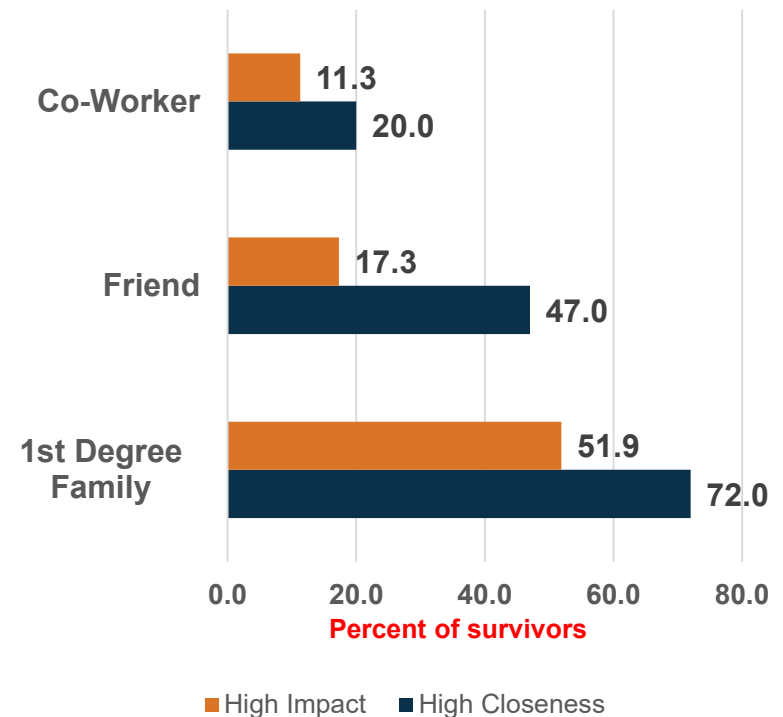


# Suicide Exposure

## Who Is “Personally Affected”?

- No differences between survivors and non-survivors when considering some key socioeconomic and distance traits<sup>1</sup>
- 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<sup>2</sup>

### Perception of Closeness and Impact of Suicide<sup>2</sup>



1. Cerel, J., Maple, M., Aldrich, R.S., van de Venne, J. (2013). Exposure to suicide and identification as survivor. *Crisis – The Journal Of Crisis Intervention & Suicide Prevention*, 34(6): 1-7. Retrieved from ResearchGate.net.
2. Cerel, J., & Sanford, R.L. (2018). It's not who you know, it's how you think you know them: Suicide exposure and suicide bereavement. *The Psychoanalytic Study Of The Child*, 71(1) 76-96. Retrieved from TandFOOnline.com.

# 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:<sup>1</sup>
  - 62.1% (n=103) of survivors reported that therapy was **quite/very beneficial**<sup>2</sup>
  - 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 loss<sup>2</sup>

1. Sanford, R., et. al. (2016). Suicide loss survivors' experiences with therapy: Implications for clinical practice. *Community Mental Health Journal*, 52(5): 551-558. Retrieved from Springer.com.  
2. Views of Dr. Cerel

# Tips for Therapists

- Attend to the unique nature of suicide bereavement<sup>1</sup>
- Be genuine, authentic, and compassionate<sup>1</sup>
- Screen for and treat PTSD and depression<sup>1</sup>
- Normalize feelings: guilt, shame, stigma<sup>1</sup>
- Help people understand that there might be growth/hope after the suicide (post-traumatic growth)<sup>2</sup>
- Help people understand that we don't really know what helps most after a suicide<sup>1</sup>
- Be knowledgeable about other resources & sources of support for the survivor<sup>1</sup>

**PTSD** = Post Traumatic Stress Disorder

1. Sanford, R., et. al. (2016). Suicide loss survivors' experiences with therapy: Implications for clinical practice. *Community Mental Health Journal*, 52(5): 551-558. Retrieved from Springer.com.
2. Moore, M., Cerel, J., Jobes, D.A. (2015). Fruits of trauma? *Crisis – The Journal Of Crisis Intervention & Suicide Prevention*, 36(4): 241-248. Retrieved from ResearchGate.net.

# Post-Traumatic Growth

- Positive psychological change experienced as a result of the struggle with highly challenging life circumstances<sup>1</sup>
- 154 parents bereaved by the suicide death of a child
  - Inverse relationship between Post-Traumatic Growth (PTG) and resilience<sup>2</sup>
  - 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<sup>2</sup>



**Clinician Survivor Information**  
[ClinicianSurvivor.org](http://ClinicianSurvivor.org)

1. Cerel, J., & Sanford, R.L. (2018). It's not who you know, it's how you think you know them: Suicide exposure and suicide bereavement. *The Psychoanalytic Study Of The Child*, 71(1) 76-96. Retrieved from TandFOnline.com.
2. Moore, M., Cerel, J., Jobes, D.A. (2015). Fruits of trauma? *Crisis – The Journal Of Crisis Intervention & Suicide Prevention*, 36(4): 241-248. Retrieved from ResearchGate.net.
3. American Association Of Suicidology (AAS). (n.d.) Clinician survivor task force – Clinicians as survivors: After a suicide loss. Retrieved from [ClinicianSurvivor.org](http://ClinicianSurvivor.org).

# Exposure Summary<sup>1</sup>

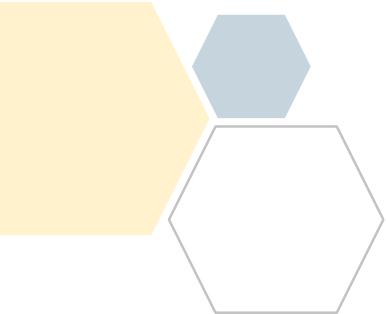
- More touched by suicide than commonly thought
  - ~90 million suicide bereaved adults in the United States
  - ~45 million greatly distressed bereaved
- Many survivors remain isolated
- Mental health service scope expansion is needed to address the needs of this population
- Speaking out can lead to sources of compassionate support



1. Feigelman, W., et. al. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 General Social Survey. *Journal of Affective Disorders*, 227: 1-6. Retrieved from ScienceDirect.com.



# Media Coverage



# Media Coverage: Important Notes<sup>1</sup>



- 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

1. American Foundation For Suicide Prevention (AFSP). (2016). Recommendations for reporting on suicide. Retrieved from AFSP.org.

# American Foundation for Suicide Prevention: Tips For Reporting On Suicide<sup>1</sup>

- **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**

1. American Foundation For Suicide Prevention (AFSP). (2018) Top 10 tips for reporting on suicide. New York, NY: AFSP. Retrieved from Chapterland.org.



# 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”

1. American Foundation For Suicide Prevention (AFSP). (2016). Recommendations for reporting on suicide. Retrieved from AFSP.org.

# 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”

1. American Foundation For Suicide Prevention (AFSP). (2016). Recommendations for reporting on suicide. Retrieved from AFSP.org.

# Know The Risk Factors

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

1. Dilsaver, S.C. (2007). Suicide attempts and completions in patients with bipolar disorder. *Psychiatric Times*, 24(6). Retrieved from PsychiatricTimes.com

2. Johnson, S.L., Carver, C.S., & Tharp, J.A. (2017) Suicidality in bipolar disorder: The role of emotion-triggered impulsivity. *Suicide & Life Threatening Behavior*, 47(2): 177-192. Retrieved from NCBI.NLM.NIH.gov.

3. Ruengorn, C., et. al. (2012). Factors related to suicide attempts among individuals with major depressive disorder. *International Journal of General Medicine*, 2012(5): 323-330. Retrieved from NCBI.NLM.NIH.gov.

4. Harkavy-Friedman, J. (2012). Risk factors for suicide in patients with schizophrenia. *Psychiatric Times*, 24(2): 1-6. Retrieved from PsychiatricTimes.com.

# American Foundation for Suicide Prevention: Warning Signs & What To Do

- Talking About:

Wanting to die

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

1. American Foundation For Suicide Prevention (AFSP). (2016). Recommendations for reporting on suicide. Retrieved from AFSP.org.

# 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



1. Dilsaver, S.C. (2007). Suicide attempts and completions in patients with bipolar disorder. *Psychiatric Times*, 24(6). Retrieved from PsychiatricTimes.com

# 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



# The Aftermath Of Suicide:

## What Can Be Done & How Should We Talk About It?

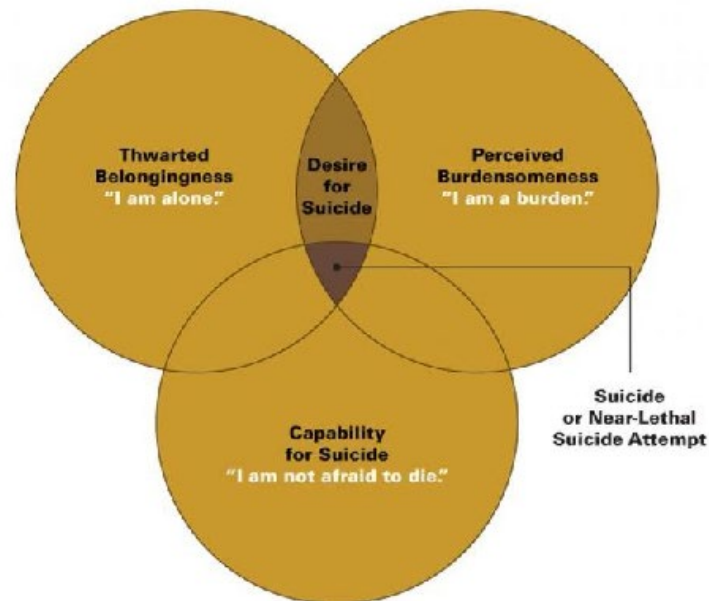


# Optional Slides



# Joiner's Theory of Suicide<sup>1</sup>

## JOINER'S THEORY OF SUICIDE



1. Van Orden K et al.. (2010) The Interpersonal Theory of Suicide. *Psychological Review*.117(2):575-600. Retrieved from Psychological Review