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Suicide Awareness, Assessment, & Prevention Strategies

June 2022 US.PSY.D.22.00008

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

As of July 16, 2022: Dial 988

Objectives

Review terminology used in suicidology

Elucidate statistics associated with suicide globally and within the United States

Discuss suicide risk across those with a mental health disorder and within high-risk populations

Describe risk and protective factors related to suicide

Briefly review research into the neurobiology of suicide, as well as some advances in the study of suicidology

Highlight suicide assessment tools & prevention resources available

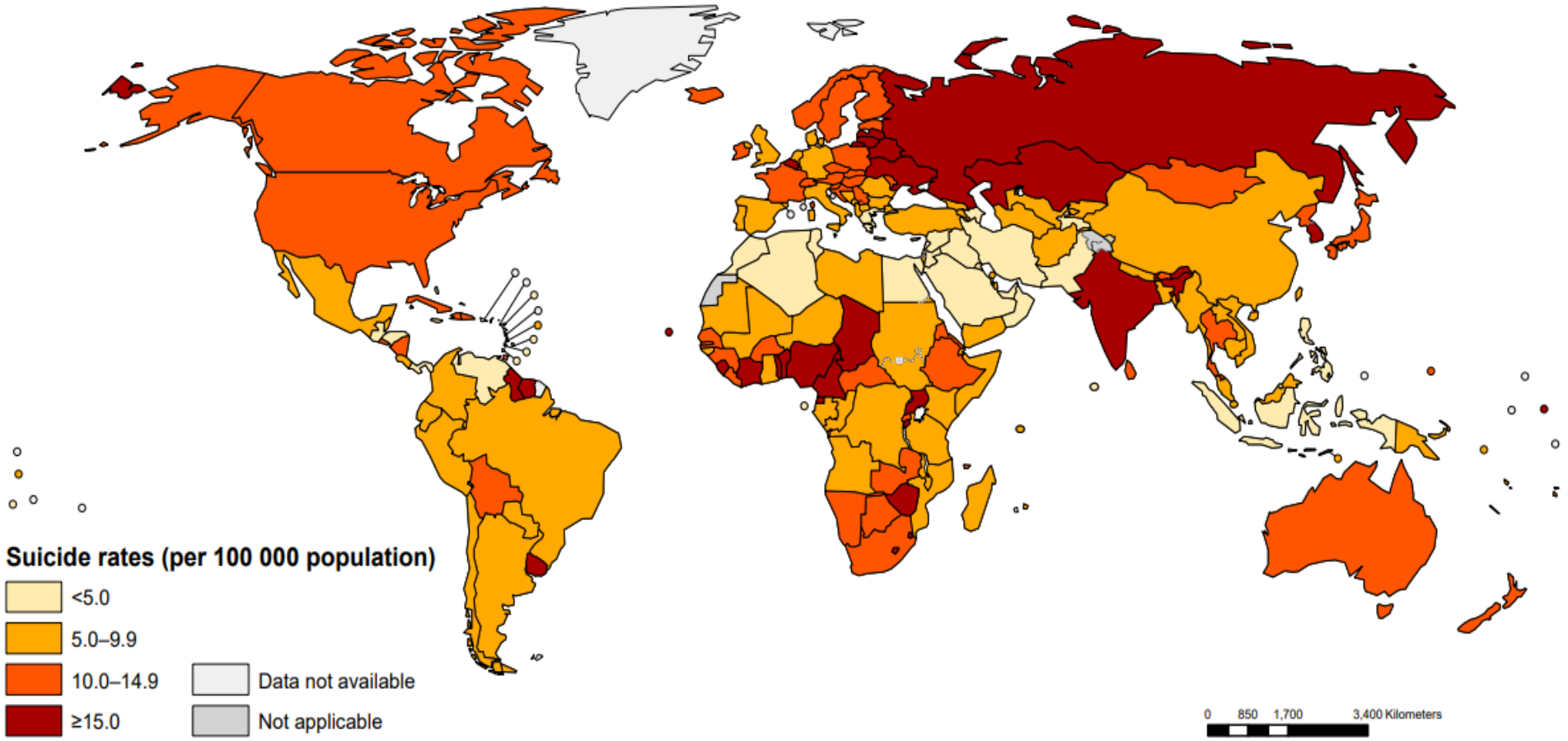
Terminology

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]
Terms to Avoid	Committed suicide, suicide gesture, parasuicide, failed/successful attempt, suicidality[1]

1. Crosby et al. Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements. Version1.0, Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control 2011. Available at http:www.cdc.gov/violenceprevention/pdf/self-directed-violence. Accessed June 2017.
2. CDC 2017. Available at https://www.cdc.gov/violenceprevention/suicide/definitions.html; Accessed June 2017.
3. Cannon KE & Hudzik TJ (eds). *Suicide Phenomenology & Neurobiology*. First Edition. Springer International Publishing;2014.
4. Available at: http://www.speakingofsuicide.com/2014/05/27/suicide-survivor/; Accessed June 2017.
5. Rey JM & Beckmann T (eds.). *IACAPAP Textbook of Child and Adolescent Mental Health*. E-edition. International Association for Child and Adolescent Psychiatry and Allied Professions. 2012. Available at: http://www.iacapap.org/wp-content/uploads/E.4-SUICIDE-072012.pdf._Accessed June 2017.

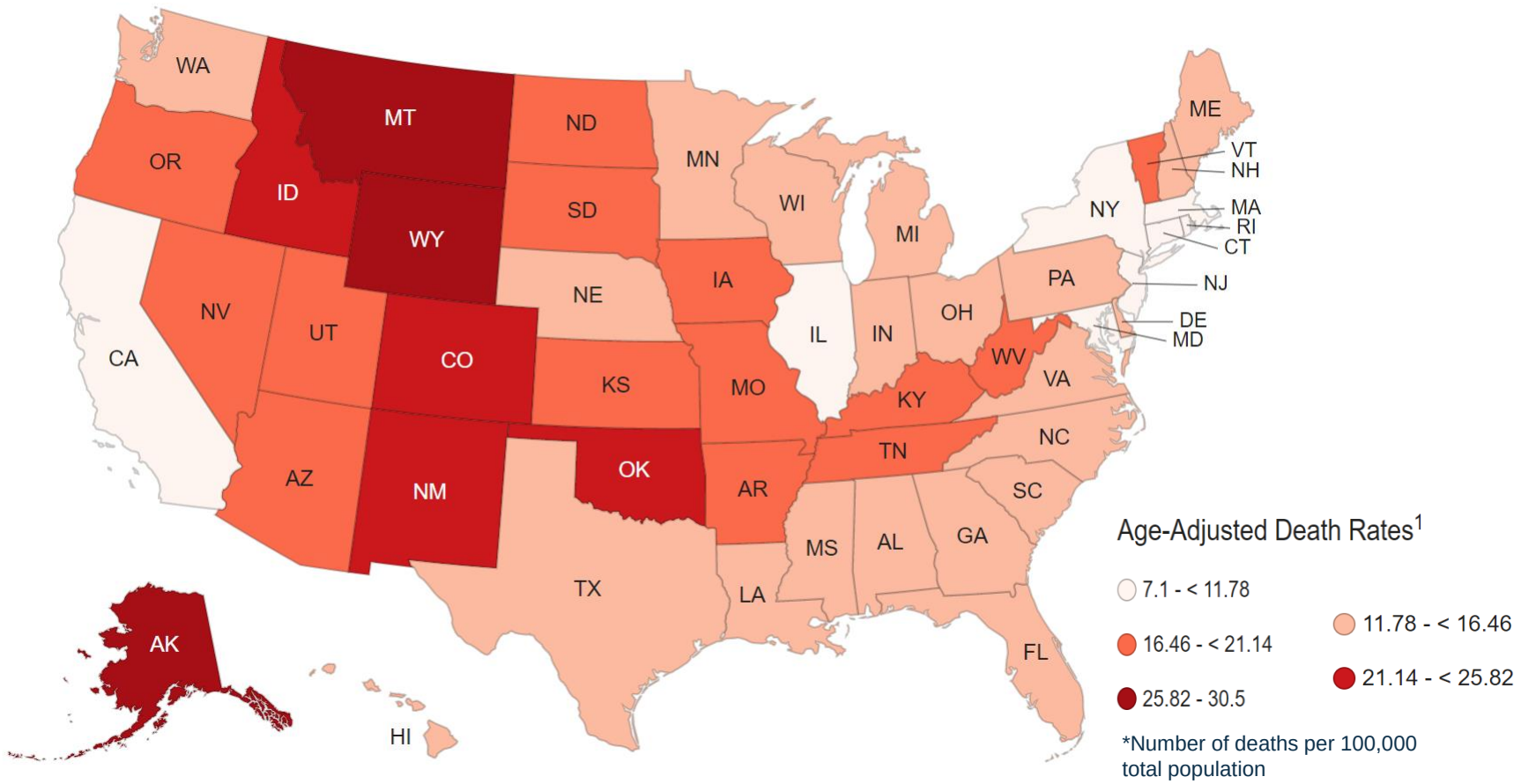
Terminology And Statistics

Age-standardized suicide global rates 2016



World Health Organization, WHO, 2016. Accessed June 2022.

2022 Suicide Death Rates By State



Available at: https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm Accessed June 2022.

Suicide Statistics: Current State of the Nation

- Suicide rates have increased ~33% between 1999-2019
- In 2020, 45,979 Americans died by suicide and there was an estimated 1.20M suicide attempts
  - An individual dies by suicide every 11 seconds in the United States
  - On average 130 individuals die by suicide per day
- Suicide is the 12th leading cause of death in the United States
  - Rates are higher among those aged 25-34 and 75+ compared to those under age 24
- Men die by suicide 3.88x more often than women
- There is a significant socioeconomic burden associated with suicide

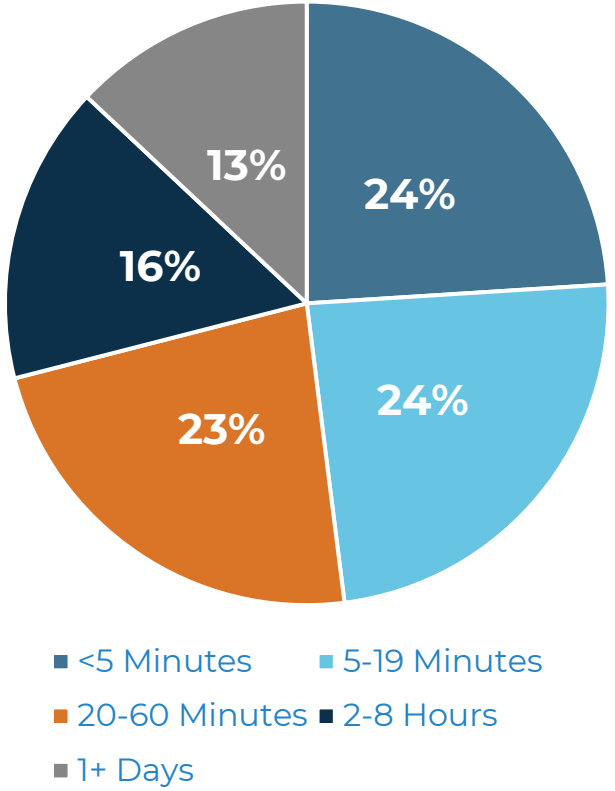
https://loonylabs.org/2019/12/04/

1. American Foundation for Suicide Prevention (AFSP) Available at: https://afsp.org/suicide-statistics/ Accessed June 2017.

Suicide Statistics *(Continued)*

- HCUP reported that by 2013, **1% of all emergency room visits involved suicidal ideation**, a 12% increase since 2006[1]
- ED-SAFE Clinical Trial: results demonstrated that due to incorporation of **universal screening in emergency departments, suicide risk identification increased from 2.9% to 5.7%**[2]
- ~ 40%-50% of individuals who die by suicide had at least one clinical visit with a recorded mental health condition within 3 to 12 months before suicide death[3]
- Suicide-related ER visits are on the rise since summer 2020, with the most significant increases (~50%+) seen in females 12-17 years of age[4]
- 34.8% - 45.5% of adults with suicide risk report needing but not receiving services[5]

Suicidal Deliberation Duration Reported By Survivors[6]



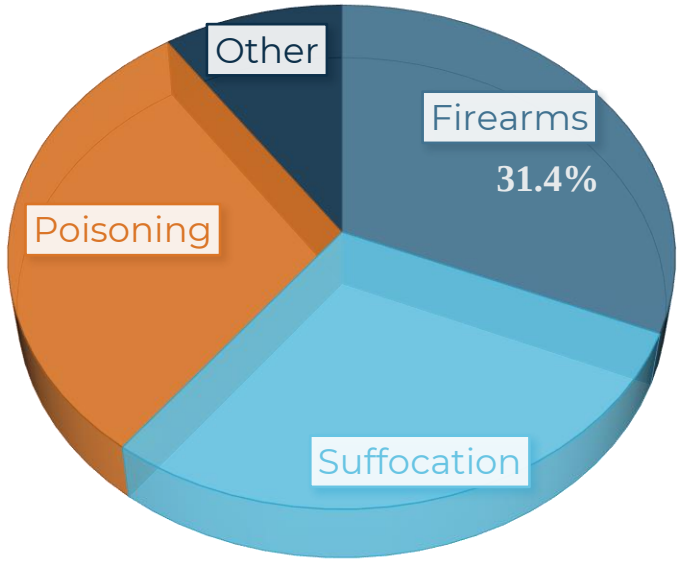
HCUP Healthcare Cost and Utilization Project
ED-SAFE Emergency Department Safety Assessment and Follow-up Assessment

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. Yeh et al.2019 *Psychiatric Services*; 70:750–757; doi: 10.1176/appi.ps.201800346.
4. Centers for Disease Control (CDC) Available at https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm: Accessed June 2022.
5. Boomersbach et al. 2022 *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2021.3958..
6. 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.

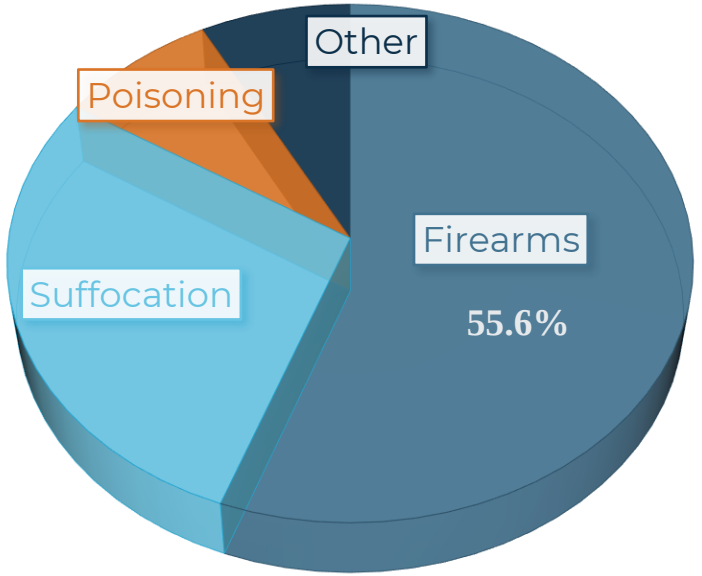
Suicide Deaths By Method, 2019

- Half of all suicides in the U.S. are by firearm
- Nearly two thirds of all firearms-related deaths in the U.S. are suicides
- 85 – 90% of suicide attempts with a firearm are fatal[1]

SUICIDE DEATH METHOD AMONG FEMALES[2]



SUICIDE DEATH METHOD AMONG MALES[2]



1. American Foundation for Suicide Prevention (AFSP) Available at: https://afsp.org/about-suicide/suicide-statistics/. Accessed June 2022.
2. National Institute of Mental Health (NIMH) Available at: https://www.nimh.nih.gov/health/statistics/suicide Accessed June 2022.

Suicide Risk & Protective Factors Across Populations

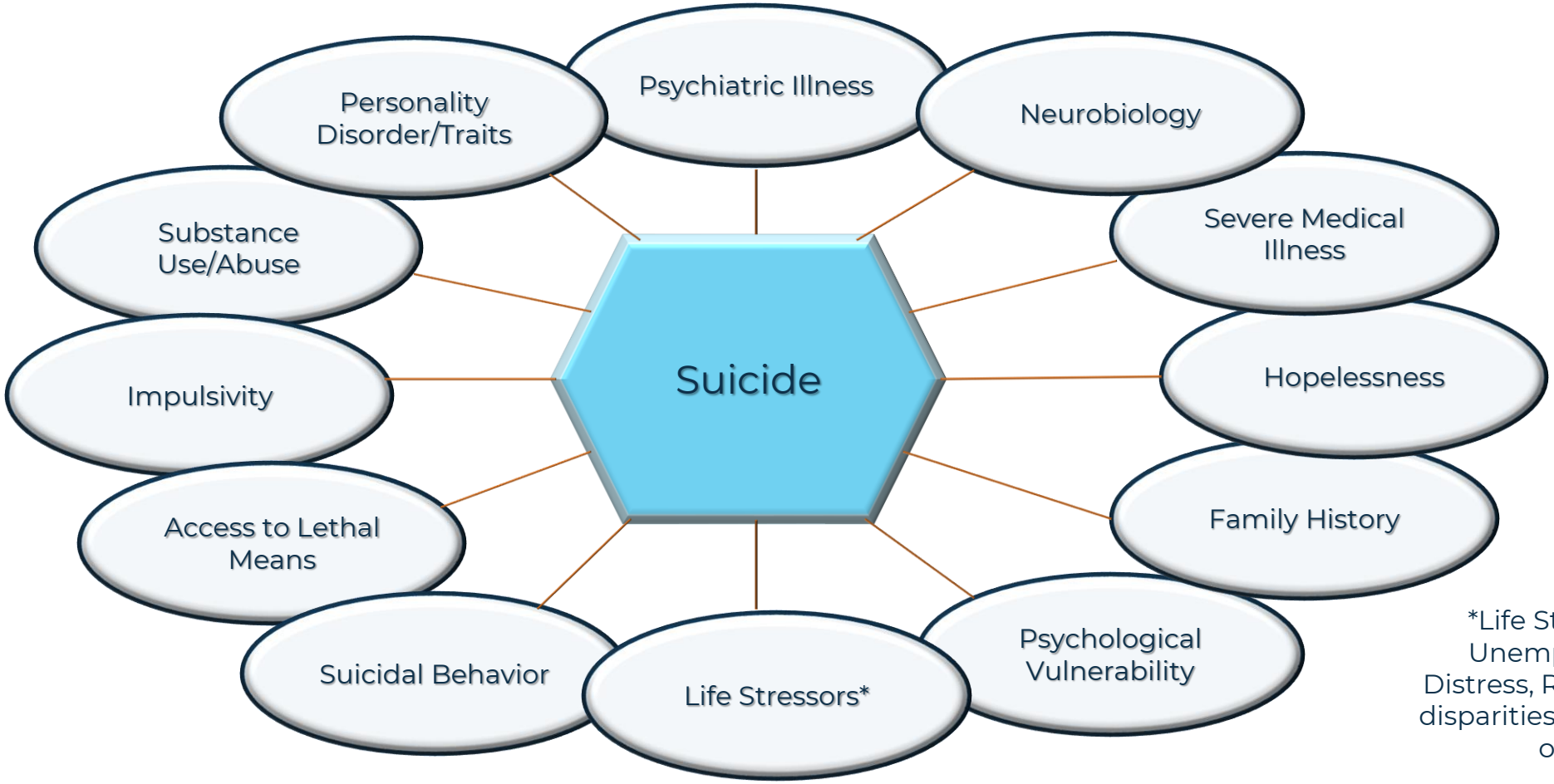
Suicide Risk & Mental Health Conditions

- While having a mental health condition may contribute to increased suicide risk, it is important to note that most individuals with a mental health condition will not die by suicide[1]
- ~50% of individuals who died by suicide had at least one diagnosed mental health condition in the year before suicide death[2]
- In 2019 the Mental Health Research Network (MHRN) revealed:
  - Individuals with a mental health condition were **~6.8 times more likely to die by suicide**, and this risk was highest among those with **bipolar disorder, depressive disorders, and schizophrenia spectrum disorder**
  - Compared to patients with no diagnosed mental health condition, those with **schizophrenia spectrum disorder were 15 times more likely** to die by suicide and those with **bipolar disorder were 13 times more likely**
  - A greater proportion of women had recorded mental health diagnoses in the year before suicide, compared with men (65% versus 45%)[2]

1. American Foundation for Suicide Prevention (AFSP) Available at: https://afsp.org/about-suicide/suicide-statistics Accessed June 2022.
2. Yeh et al.2019 *Psychiatric Services*; 70:750–757; doi: 10.1176/appi.ps.201800346.

High Risk Populations

Risk Factors Related to Suicide



*Life Stressors May Include: Unemployment, Economic Distress, Racism, Social or cultural disparities, Relationship Problems, or other stresses

1. Cannon KE & Hudzik TJ (2014). (eds). Suicide Phenomenology & Neurobiology. First Edition. *Springer International Publishing*.
2. Linehan M et al. (1991). *Arch Gen Psych*;48:1060-1064.

Protective Factors For Suicidal Risk

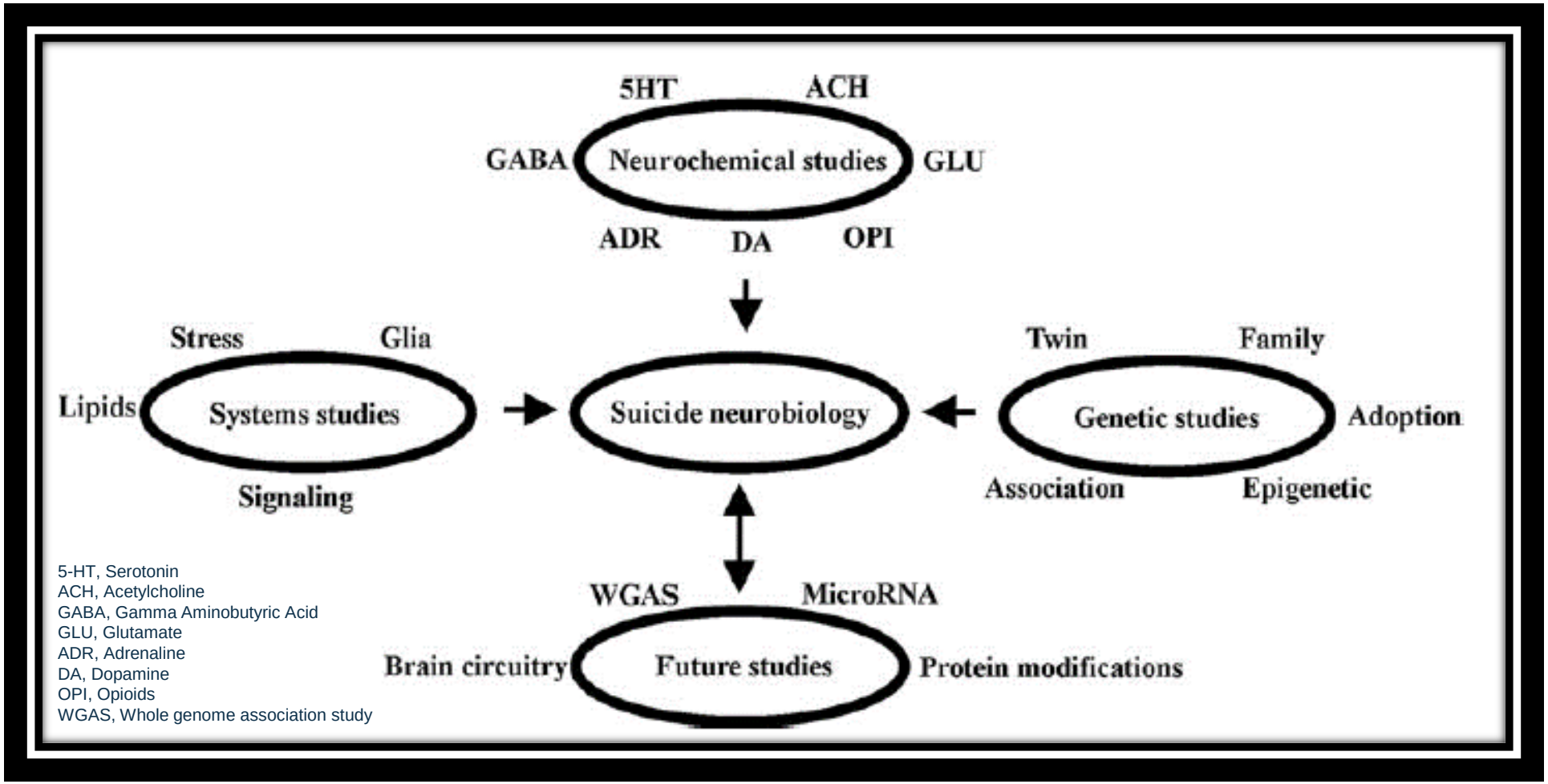
- Effective treatment, including substance abuse
- Access to clinical interventions
- Good relationship with HCP(s)
- Support/strong relationships with family, friends, pets, and/or community
- Interpersonal and conflict-resolution skills
- Cultural values that discourage suicide
- Religious beliefs/convictions/attitudes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

https://www.pickpik.com/jimbaran-beach-jimbaran-indonesia-bali-sunset-family-113663

1. Dilsaver SC. *Psychiatric Times*. Epub 2007. Available at: http://psychiatrictimes.com._Accessed Jun 2017.

Suicide-Focused Research

Neurobiology[1,2]



1. Ernst et al. *Progress in Neurobiology. 2009*;89:315-333.
2. Cannon KE & Hudzik TJ (eds). *Suicide Phenomenology & Neurobiology.* First Edition. Springer International Publishing; 2014

Evidence-Based Strategies for Suicidal Risk Management

- Numerous randomized controlled trials (RCT's) with suicidal ideation and behavioral outcomes have been conducted [1,2]
- Suicide-specific interventions with *replicated* RCT support include[2]:
  - Dialectical Behavior Therapy (DBT)
  - Two types of suicide-specific CBT (CT-SP & BCBT)
  - Collaborative Assessment and Management of Suicidality (CAMS)
  - Stabilization-Oriented Interventions
    - Safety Planning
    - Crisis Response Planning
    - Suicide Status Form Stabilization Plan
  - Post-Discharge Follow Up

CT-SP=Cognitive Therapy for Suicide Prevention; BCBT=Brief Cognitive Behavior Therapy

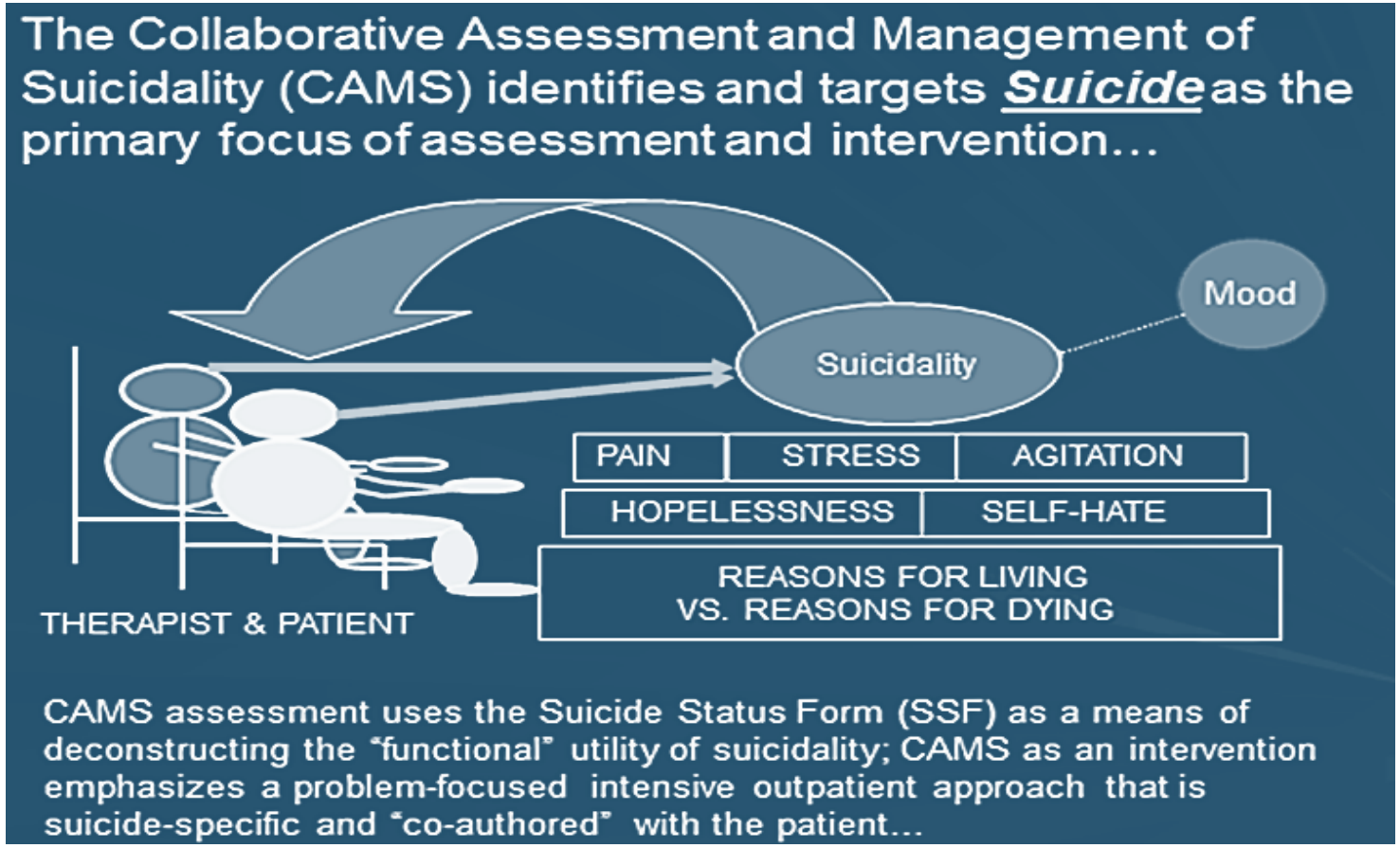
1. Brodsky, Spruch-Feiner, & Stanley 2018 The Zero Suicide Model: Applying Evidence-Based Suicide Prevention Practices to Clinical Care. *Front. Psychiatry* 9 (33):1-7.
2. Jobes et al. 2015 Psychological Approaches to Suicide Treatment and Prevention. *Curr Treat Options Psych* 2:363–370.

Behavioral Therapies[1]

- Cognitive behavior therapy **(CBT)** and Dialectical behavior therapy **(DBT)** are some of the evidence-based suicide-specific psychosocial treatments reducing suicidality in certain populations
- Randomized controlled trials indicate that the most effective psychosocial treatment interventions are CBTs that target precipitants to self-harm
- CBT, Brief CBT, web-based CBT, CBT-/DBT-informed family treatment and DBT are effective in reducing:
  - suicidal ideation
  - the onset of suicidal ideation
  - post treatment suicide attempts and reattempts
  - hospitalizations and ED visits
  - medical risk of self-injurious acts

1. Brodsky et al. 2018 *Front Psychiatry* 9 (33):1-7.

Collaborative Assessment & Management of Suicidality: CAMS



CAMS Model has 4 Randomized Controlled Trials validating its effectiveness

The four pillars of the CAMS framework:

1. Empathy
2. Collaboration
3. Honesty
4. Suicide-focused

Goal: Build a strong therapeutic alliance that increases patient-motivation; CAMS targets and treats *patient-defined* suicidal "drivers" (what makes them suicidal).

Jobes et al. 2015 Psychological Approaches to Suicide Treatment and Prevention. *Curr Treat Options Psych* 2:363–370.

Stabilization-Oriented Interventions: Safety Planning / Crisis Response Planning[1]

- The Safety Planning Intervention (SPI) has 6 key steps:
  - Identify personalized warning signs
  - Determine internal coping strategies that distract from suicidal thoughts & urges
  - Identify family & friends who are able to distract from suicidal thoughts & urges
  - Identify individuals who can help provide support during a suicidal crisis
  - List mental health professionals and urgent care services to contact during a suicidal crisis
  - Lethal means counseling for making the environment safer
- SPI+ incorporates SPI + strategic post-discharge follow up
- Crisis response planning has been shown to result in significantly:
  - Fewer suicide attempts
  - Lower suicidal ideation
  - Greater treatment engagement

http://www.suicidesafetyplan.com

Stanley et al. 2018 Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. *JAMA Psych* 75(9):894-900.

Post-discharge Follow Up

- Stabilization-Oriented Interventions[1]
  - Suicide Status Stabilization Planning
- Post-discharge contacts include[2]:
  - Letters
  - Postcards
  - Phone calls
  - Emails
  - Texts
  - ED & inpatient follow-up calls
  - home visits (e.g., VA)

ED=Emergency Department

1. Jobes et al. 2015 Psychological Approaches to Suicide Treatment and Prevention. *Curr Treat Options Psych* 2:363–370.
2. Luxton, June, & Comtois 2013 Can Postdischarge Follow-Up Contacts Prevent Suicide and Suicidal Behavior? A Review of the Evidence. *Crisis* 34(1):32–41.

Zero Suicide[1,2]

1. Zero Suicide Website accessed July 2019: https://zerosuicide.sprc.org/
2. Brodsky, Spruch-Feiner, & Stanley 2018 The Zero Suicide Model: Applying Evidence-Based Suicide Prevention Practices to Clinical Care. *Front. Psychiatry* 9 (33):1-7.

Resilience: Factors & Scales

FACTORS

- Face your fears
- Realistic optimism
- Seek and accept social support
- Emulate a competent role model
- Follow your moral compass
- Turn to religion/spirituality
- Cognitive and emotional flexibility
- Emphasize physical and brain fitness
- Find meaning and opportunity as you problem solve
- Accept responsibility for your own emotional well-being

SCALES

- Connor-Davidson Resilience Scale
- Response to Stressful Experiences Scale
- Dispositional Resilience Scale-15
- Resiliency Scale for Children and Adolescents

Southwick SM & Charney DS.(eds). *Resilience: The Science of Mastering Life's Greatest Challenges.* First Edition. Cambridge University Press 2012.

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Discussion Question

What are some reasons a person may not tell you that he or she is considering suicide?

Suicide Assessment

Uncovering Suicidal Intent

- Many reasons exist that prevent persons from relaying suicidal ideation, which include:
  - Impulsive people may lack extensive suicidal ideation prior to attempt
  - Person may have marked suicidal ideation, is serious about completing the act but does not relay suicidal ideation, or withholds the method of choice because they do not want the attempt to be thwarted
  - Person believes suicide is a sign of weakness and is ashamed to acknowledge it
  - Person believes suicide is immoral or a sin
  - Person believes discussion of suicide is taboo
  - Person is worried that suicide will be perceived as crazy
  - Person fears that they will be locked up or police will be called
  - Person does not believe that anyone can help
  - Person is concerned about confidentiality of information
  - Person cannot describe emotional pain

1. Shea SC. *Psychiatric Times*. 2009; 26(2):1-32 Epub. Available at: http://www.psychiatrictimes.com/display/article/10168/1491291. Accessed June 2017.

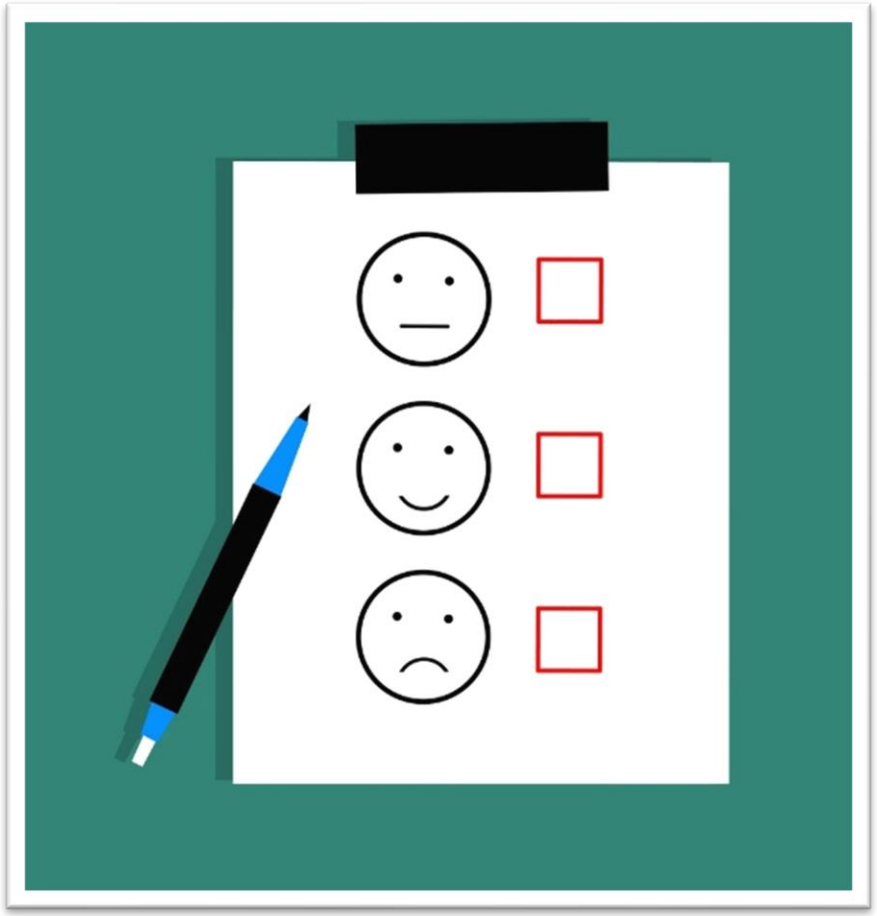
Assessment Tools

Depression rating tools with suicide-related items

- Clinician and non-clinician–rated options
- HAM-D, MADRS
- Beck, PHQ-9

Specific suicide-related assessment tools

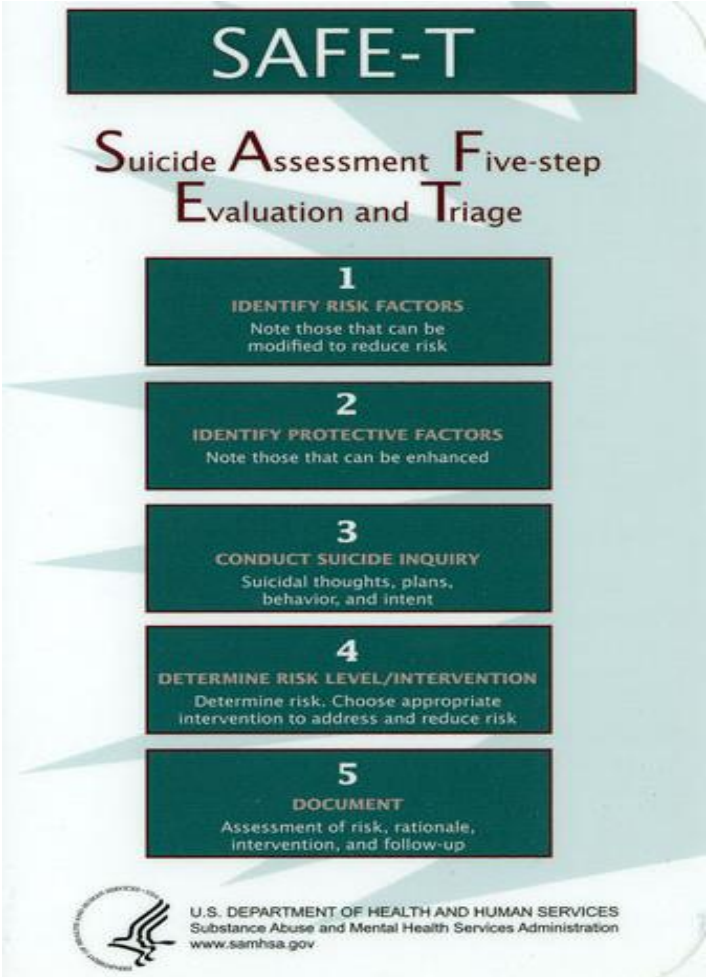
- Scale for Suicide Ideation (SSI)
- SAFE-T SAMHSA app
- Suicide Behaviors Questionnaire (SBQ)
- Suicidal Ideations Questionnaire (SIQ-adolescence)
- C-SSRS
- CASE-based approach
- Reasons for Living Inventory



HAM-D, Hamilton Depression Rating Scale SAFE-T, Suicide Assessment Five-Step Evaluation and Triage , MADRS, Montgomery-Asperg Depression Scale, SAMHSA, Substance Abuse and Mental Health Services Administration, Beck, Beck Depression Scale, C-SSRS, Columbia Suicide Severity Rating Scale, PHQ-9, Patient Health Questionnaire-9, CASE, Chronological Assessment of Suicide Events

1. *Most scales available on www.psychu.org via provided links.

The Suicide Assessment Five-Step Evaluation And Triage (SAFE-T)



1. 1The Suicide Assessment Five-Step Evaluation and Triage (SAFE-t) 2009. Available at: http://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-/SMA09-4432 Accessed June 2017.

Suicide Behaviors Questionnaire

The Suicide Behaviors Questionnaire-Revised (SBQ-R) - Overview

The SBQ-R has 4 items, each tapping a different dimension of suicidality:[1]

- Item 1 taps into lifetime suicide ideation and/or suicide attempt.
- Item 2 assesses the frequency of suicidal ideation over the past twelve months.
- Item 3 assesses the threat of suicide attempt.
- Item 4 evaluates self-reported likelihood of suicidal behavior in the future.

Clinical Utility

Due to the wording of the four SBQ-R items, a broad range of information is obtained in a very brief administration. Responses can be used to identify at-risk individuals and specific risk behaviors.

Scoring

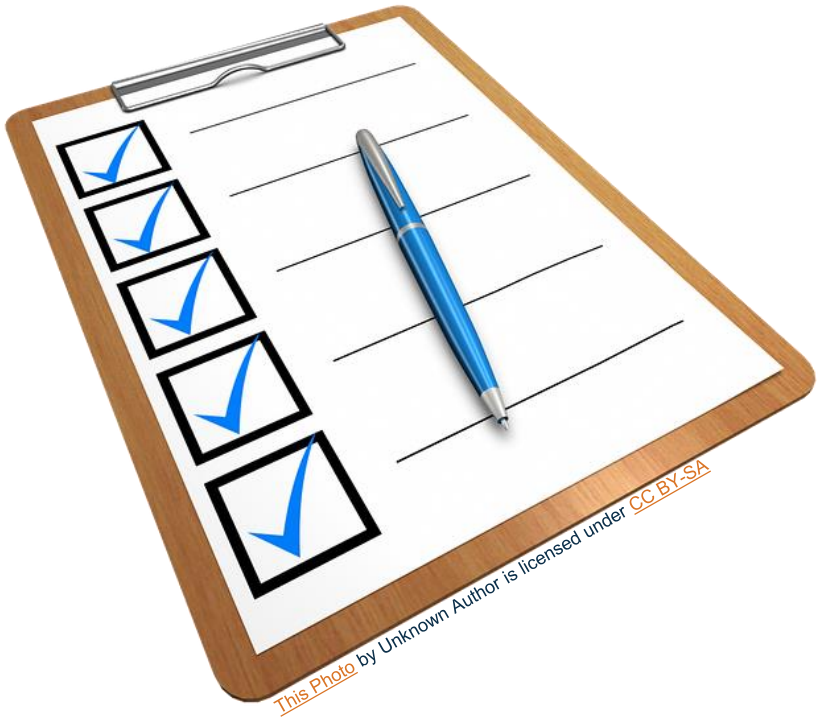
See scoring guideline on following page.

Psychometric Properties[1]

	Cutoff score	Sensitivity	Specificity
Adult General Population	≥7	93%	95%
Adult Psychiatric Inpatients	≥8	80%	91%

1. Suicide Behaviors Questionnaire (SBQ-R). 2001. Available at: http://www.integration.samhsa.gov/images/res/SBQ.pd Accessed June 2017.

Suicidal Ideation Questionnaire (SIQ)



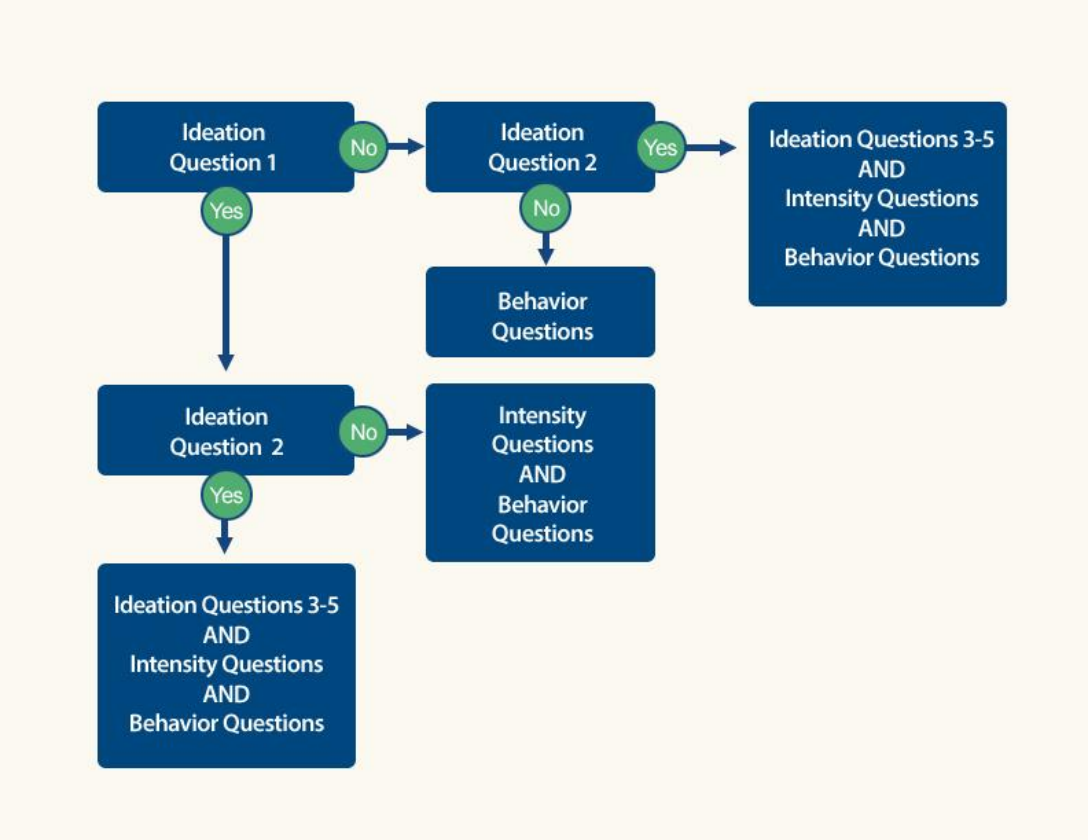
Serves as a starting point for gathering information about suicide potential

- The SIQ consists of 30 items and is appropriate for students in Grades 10-12
- The SIQ-JR consists of 15 items and is designed for students in Grades 7-9
- Reliability coefficients are 0.97 for the SIQ and 0.93-0.94 for the SIQ-JR

1. Suicidal Ideations Questionnaire (SIQ-JR) 2014. Available at: http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ Accessed June 2017.
2. Boege et al. *Child and Adolescent Psychiatry and Mental Health* 2014;8(28):1-6.

Columbia Suicide Severity Rating Scale (C-SSRS)

- Columbia Researchers
  - Kelly Posner, PhD
- Ideations & Behaviors
- Multiple versions
  - First Responders, Military, Government, Healthcare
  - Non-HCP options
  - Adolescent Assessment
- 100+ different languages



1. Columbia Suicide Severity Rating Scale (C-SSRS) 2011. Available at: http://www.csssrs.columbia.com Accessed June 2017.

C-SSRS: Screening Version

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" ***Have you been thinking about how you might kill yourself?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question: ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***How long ago did you do any of these?*** • Over a year ago? • Between three months and a year ago? • Within the last three months?		

1. Columbia Suicide Severity Rating Scale (CSSR-S) 2011. Available at: http://www.csssrs.columbia.com Accessed June 2017.

Assessment Exercise: CASE-Based Approach

- Chronological Assessment of Suicide Events (CASE)-based approach
- Real Suicide Intent = Stated Intent + Reflected Intent + Withheld Intent
- Validity & interviewing techniques:
  1. Normalization
  2. Shame attenuation
  3. Behavioral incident
  4. Gentle assumption
  5. Denial of the specific
  6. Symptom amplification

1. Shea SC. *Psychiatric Times*. 2009; 26(2):1-32 Epub. Available at: http://www.psychiatrictimes.com/display/article/10168/1491291. Accessed June 2017.

Reasons for Living Inventory

Originally developed as a result of naturalistic survey research conducted in the early 1980s. Total of 48 items were generated; adolescent and brief versions are available

The following 6 distinct clusters of reasons for living emerged:

- Survival and coping beliefs
  - "I believe I can find other solutions to my problems" and "I have the courage to face life"
- Responsibility to family
  - "My family depends on me and needs me"
- Child-related concerns
  - "The effect on my children would be harmful"
- Fear of suicide
  - "I am afraid of the 'act' of killing myself [the pain, the blood and violence]"
- Fear of social disapproval
  - "Other people would think I am weak and selfish"
- Moral objections related to suicide
  - "My religious beliefs forbid it"

Authors believe their research suggests that suicidal individuals differ from non-suicidal individuals in the degree to which they will endorse and attach importance to a set of life-orientated beliefs and expectancies

1. Linehan et al. *Journal of Consulting and Clinical Psychology* . 1983;51 (2):276-286.

Reason for Living Inventory (Brief Version)

Name/Code Number: _____ Sex: M/F Age:____ RFL-A

This questionnaire lists specific **reasons** that people sometimes have **for not committing suicide**, if the thought were to occur to them or if someone were to suggest it to them. Please read each statement carefully, and then choose a number that best describes how **important** each reason is to you for **not** committing suicide.

Use the scale below and circle the appropriate number in the space to the right of each statement. Please use the whole range of choices so as not to rate only at the middle (2, 3, 4, 5) or only at the extremes (1, 6).

How **important** to you is this **reason for not committing suicide?**

	1 = Not at all important	2 = Quite unimportant	3 = Somewhat unimportant	4 = Somewhat important	5 = Quite important	6 = Extremely important
1. Whenever I have a problem, I can turn to my family for support or advice.	1	2	3	4	5	6
2. It would be painful and frightening to take my own life.	1	2	3	4	5	6
3. I accept myself for what I am.	1	2	3	4	5	6
4. I have a lot to look forward to as I grow older.	1	2	3	4	5	6
5. My friends stand by me whenever I have a problem.	1	2	3	4	5	6
6. I feel loved and accepted by my close friends.	1	2	3	4	5	6
7. I feel emotionally close to my family.	1	2	3	4	5	6
8. I am afraid to die, so I would not consider killing myself.	1	2	3	4	5	6
9. I like myself just the way I am.	1	2	3	4	5	6
10. My friends care a lot about me.	1	2	3	4	5	6
11. I would like to accomplish my plans or goals in the future.	1	2	3	4	5	6
12. My family takes the time to listen to my experiences at school, work, or home.	1	2	3	4	5	6
13. I expect many good things to happen to me in the future.	1	2	3	4	5	6
14. I am satisfied with myself.	1	2	3	4	5	6
15. I am hopeful about my plans or goals for the future.	1	2	3	4	5	6
16. I believe my friends appreciate me when I am with them.	1	2	3	4	5	6
17. I enjoy being with my family.	1	2	3	4	5	6
18. I feel that I am an OK person.	1	2	3	4	5	6
19. I expect to be successful in the future.	1	2	3	4	5	6
20. The thought of killing myself scares me.	1	2	3	4	5	6
21. I am afraid of using any method to kill myself.	1	2	3	4	5	6
22. I can count on my friends to help if I have a problem.	1	2	3	4	5	6
23. Most of the time, my family encourages and supports my plans or goals.	1	2	3	4	5	6
24. My family cares about the way I feel.	1	2	3	4	5	6
25. My future looks quite hopeful and promising.	1	2	3	4	5	6
26. I am afraid of killing myself.	1	2	3	4	5	6
27. My friends accept me for what I really am.	1	2	3	4	5	6
28. I have many plans I am looking forward to carrying out in the future.	1	2	3	4	5	6
29. I feel good about myself.	1	2	3	4	5	6
30. My family cares a lot about what happens to me.	1	2	3	4	5	6
31. I am happy with myself.	1	2	3	4	5	6
32. I would be frightened or afraid to make plans for killing myself.	1	2	3	4	5	6

Items assessed as "How important to you is this reason for not committing suicide" and one of following given rankings (higher score=greater importance):

- 1=Not at all important
- 2=Quite unimportant
- 3=Somewhat unimportant
- 4=Somewhat important
- 5=Quite important
- 6=Extremely important

32 Items total, Examples:

- Whenever I have a problem, I can turn to my family for support/advice
- I have a lot to look forward to as I grow older
- I believe my friends I like myself just the way I am
- appreciate me when I am with them
- I am afraid of using any method to kill myself
- My future looks quite hopeful and promising
- I am happy with myself....

1. Linehan et al. (1983). *Journal of Consulting and Clinical Psychology*.;51 (2):276-286.

Suicide Prevention Resources

Suicide Awareness

Suicidology is the scientific study of suicidal behavior, the causes of suicidality, suicide prevention, and other aspects within the field of suicide-focused research. In this resource library we aim to provide valuable and timely information related to suicidology and raise awareness on this important issue.

1. **Brochure with resources included in following slides available for download/printing on www.psychu.org

Suicide Prevention Resources: Main Organizations

- Mental Health America: Suicide Prevention Resources
  https://mhanational.org/tags/suicide-prevention
- The National Action Alliance for Suicide Prevention
  - https://theactionalliance.org/
- Commitment to Living
  - http://commitmenttoliving.com/about-ctl/
- Speaking of Suicide
  - https://www.speakingofsuicide.com/
- Suicide Awareness Voices of Education (SAVE)
  - https://save.org/
- Alliance of Hope
  - https://allianceofhope.org/
- After a Suicide: A Toolkit for Schools
  - www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf
- You Matter
  - http://youmatter.suicidepreventionlifeline.org/
- American Foundation for Suicide Prevention
  - https://afsp.org
- Suicide Prevention SAMHSA
  - www.integration.samhsa.gov/clinical-practice/suicide-prevention
- American Association of Suicidology
  - www.suicidology.org
- Zero Suicide
  - http://zerosuicide.sprc.org/toolkit
- Suicide Prevention Resource Center
  - www.sprc.org/states
- Joint Commission
  - www.jointcommission.org
- World Health Organization
  - www.who.int/mental_health/suicide-prevention/en/

SAMHSA, Substance Abuse and Mental Health Services Administration

1. ED-SAFE, Emergency Department Safety Assessment and Follow-up Evaluation.

Suicide Prevention Resources for High-Risk Populations

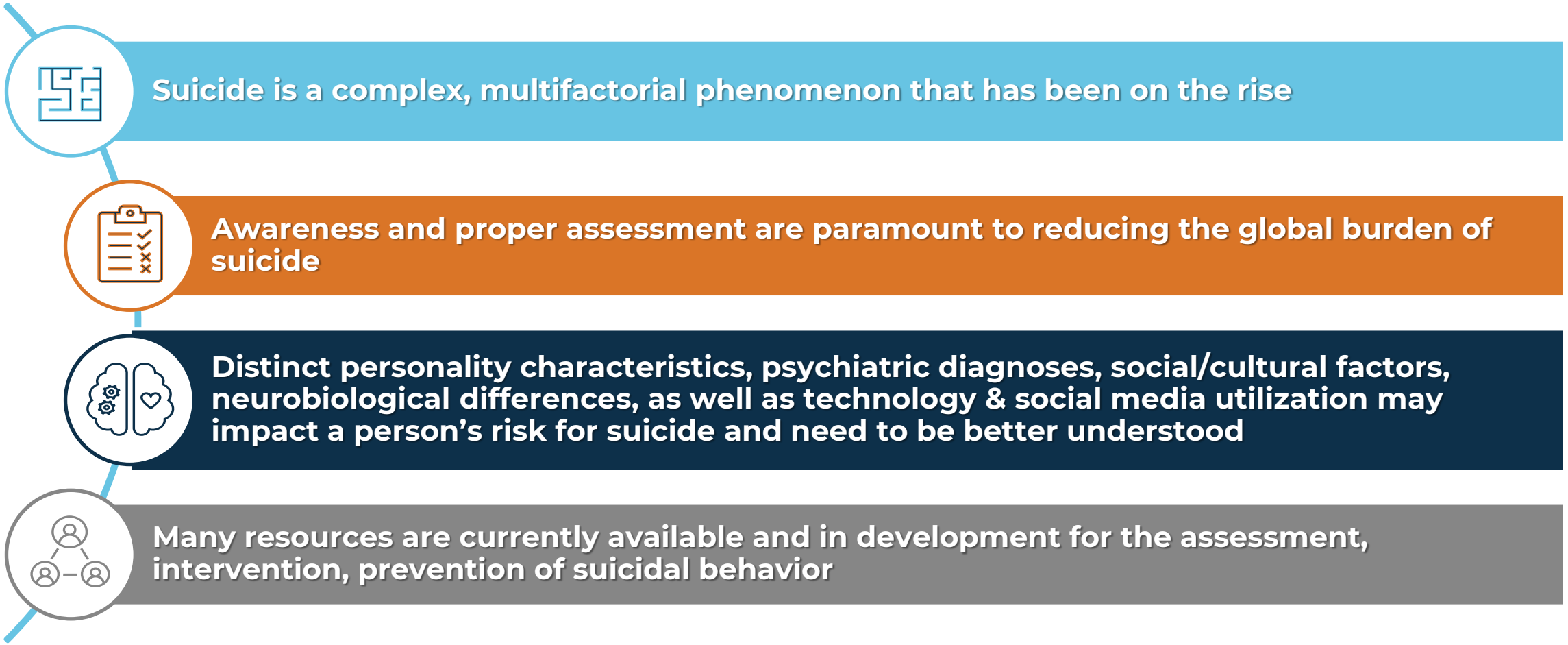
- The JED Foundation
  - www.jedfoundation.org
- Model School Policy for K-12 Schools for Suicide Prevention
  - https://afsp.org/our-work/education/model-school-policy-suicide-prevention/
- Promoting Emotional Health and Preventing Suicide: Suicide Toolkit for Senior Living Communities
  - http://store.samhsa.gov/shin/content/SMA10-4515/SMA10-4515.ToolkitOverview.pdf
- Black Mental Wellness Lounge: https://www.youtube.com/c/theblackmentalwellnesslounge
- The Steve Fund
  - https://www.stevefund.org/
- The Trevor Project
  - https://www.thetrevorproject.org/explore/
- Trans Lifeline
  - https://translifeline.org/
- Black Congressional Caucus Task Force on Black Youth Suicide
  - https://watsoncoleman.house.gov/suicidetaskforce/
- The Confess Project
  - https://www.theconfessproject.com/
- The National Action Alliance Faith Communities
  - https://theactionalliance.org/communities/faith-communities

Suicide Prevention Frameworks/Resources

- ED-SAFE for emergency departments
  - http://emnet-usa.org/EDSAFE/edsafe.htm
- Preventing Suicide: A Community Engagement Toolkit Pilot version 1.0
  - www.who.int/mental_health/suicide-prevention/community_engagement_toolkit_pilot/en/
- Suicide Prevention Toolkit for Rural Primary Care Settings
  - www.sprc.org/settings/primary-care/toolkit?sid=508
- Military and Veteran Resources- Veteran Crisis Line and Chat
  - 1-800-273-8255, press 1
- APPS
  - Suicide Safe by SAMHSA
  - Suicide Lifeguard by University of Missouri, St. Louis
  - DMHS Interactive Suicide Prevention
  - Suicide Safety Plan
  - You Are Important
  - Suicide Help Tablet
  - Be Safe
  - MY3
  - Suicide Help: Dealing With Suicidal Thoughts

1. SAMHSA, Substance Abuse and Mental Health Services Administration, DMHS, Durham Mental Health Services.

Summary



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