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Mental Health Awareness

The Interplay Between Suicide And Stigma In Mental Health

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988 | SUICIDE & CRISIS LIFELINE

If you or someone you know is in crisis text or call:

Crisis Text Line
741741
Dial 988

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

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Objectives

Discuss the role of stigma on suicide, highlighting prevention strategies

Explore impact of risk and protective factors in suicide prevention and importance of mental health disorders and other associated contributors

Present evidence-based suicide risk management approaches, and suicide resources

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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]
Suicidal 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[5]
Non-suicidal self-injurious behavior	Self-injurious behavior conducted with no intent to die (eg, superficial cuts or scratches, hitting/banging, or burns)[1]
Terms to avoid	Committed suicide, suicide gesture, parasuicide, failed/successful attempt, suicidality, suicide victim[1,6]
Preferred phrases	Died by suicide, took their own life, suicide death, fatal/nonfatal suicide attempt, those who die by suicide[6]

References:

1. Moutier C. Suicidal Behavior. MSD Manual. Published July 2023. Accessed May 8, 2025. https://www.msdmanuals.com/professional/psychiatric-disorders/suicidal-behavior-and-self-injury/suicidal-behavior.
2. Facts about suicide. CDC. Published July 23, 2024. Accessed April 7, 2025. https://www.cdc.gov/suicide/facts/index.html.
3. House A, et al. *Lancet Psychiatry.* 2020;7(11):997-1000
4. Jordan JR. *Front Psychol.* 2020;11:766.
5. Shamsaei F, et al. *Int J Qual Stud Health Well-Being.* 2020;15(1):1745478.
6. Language guidelines. International Association for Suicide Prevention. Accessed April 7, 2025. https://www.iasp.info/wp-content/uploads/IASP-Language-Guidelines-2022-1.pdf.

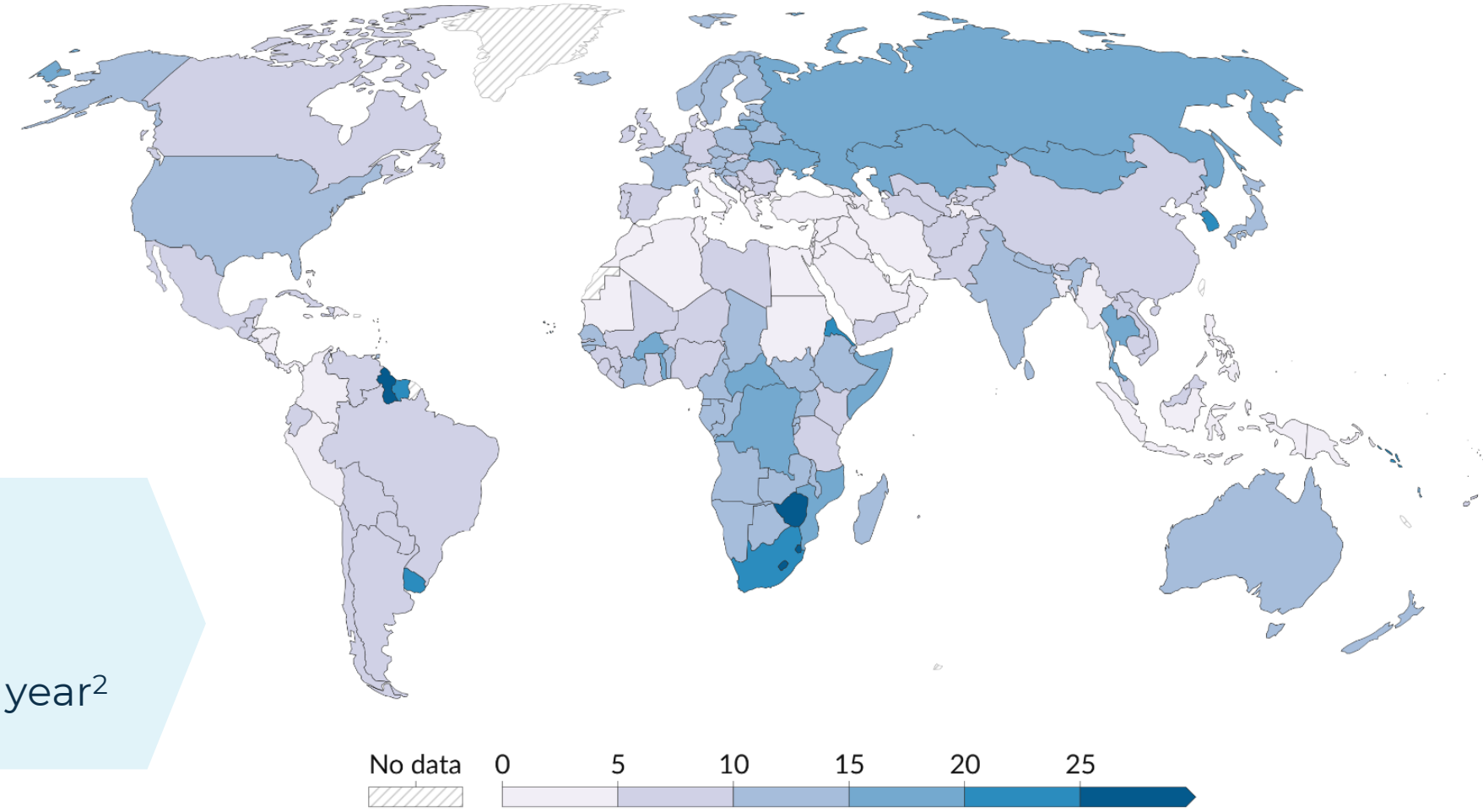
Global Suicide Rates

Estimated annual number of suicides per 100,000 people, 2021[1]

More than

720,000

people die by suicide every year[2]



Data source: World Health Organization (2024)

OurWorldinData.org/suicide | CC BY

Note: To allow for comparisons between countries and over time, this metric is age-standardized*.

***Age standardization**: Age standardization is an adjustment that makes it possible to compare populations with different age structures, by standardizing them to a common reference population. Read more: How does age standardization make health metrics comparable?

References:

1. Dattani S, et al. Suicide. Our World in Data. Published 2023. Accessed April 7, 2025. https://ourworldindata.org/suicide.
2. World Health Organization. Suicide. WHO. Published March 25, 2025. Accessed April 7, 2025. https://www.who.int/news-room/fact-sheets/detail/suicide.

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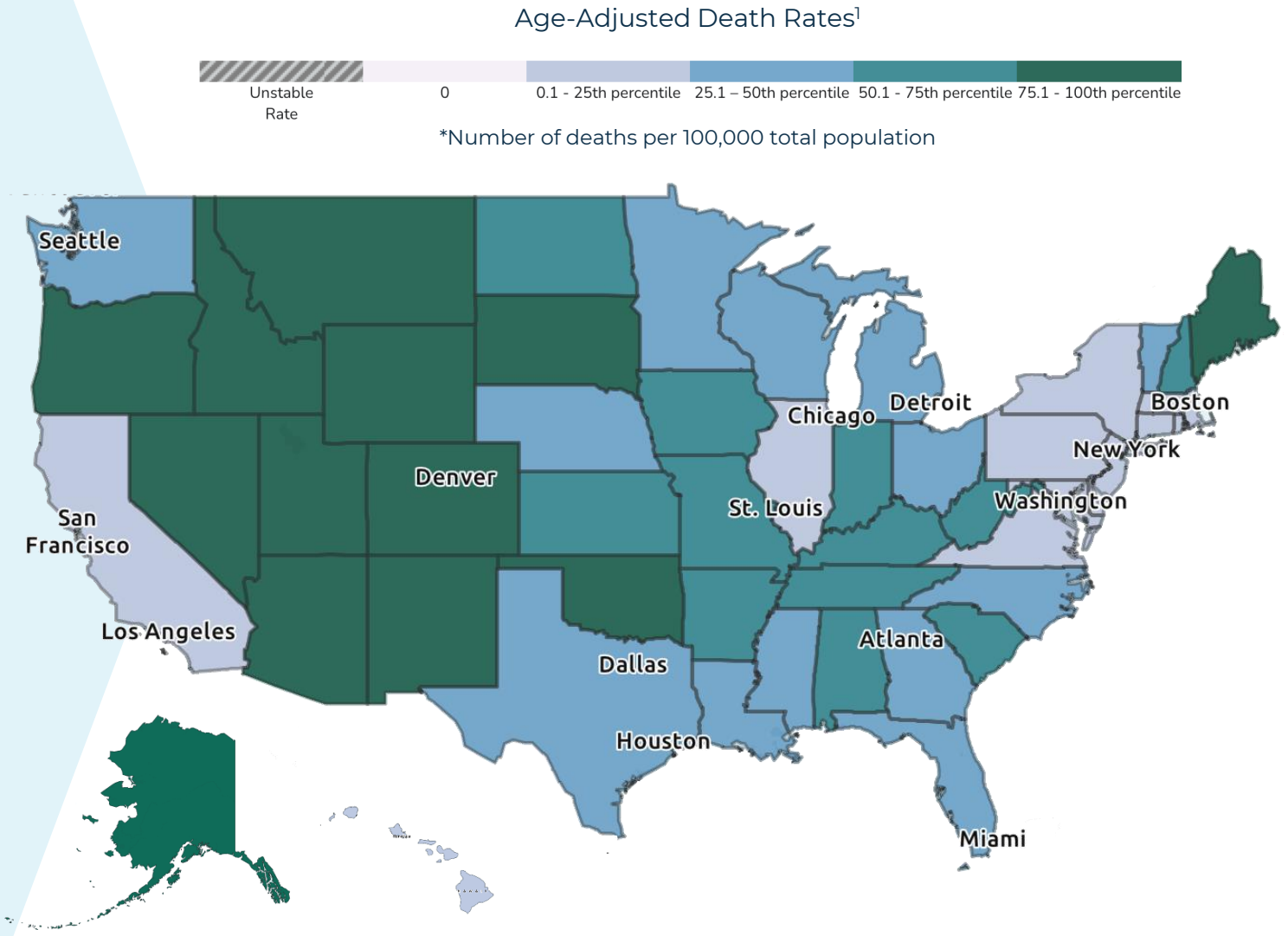
Suicide Death Rates In The United States

- Total age-adjusted suicide rate **increased 35.2%** in 2000 to 2018, before declining from 2019-2020. Rates peaked again in 2022[1,2]
- Suicide rates have **increased** to 14.0 per 100,000 in 2021 and increased again to 14.2 per 100,000 in 2022[1]

2023-2024 Suicide Death Rates By State[3]



US, United States.

References:

1. Suicide. National Institute of Mental Health. Published February 2024. Accessed April 7, 2025. https://www.nimh.nih.gov/health/statistics/suicide.
2. Suicide data and statistics. Suicide Prevention. CDC. Published March 26, 2025. Accessed May 8. 2025. https://www.cdc.gov/suicide/facts/data.html.
3. Mapping injury, overdose, and violence dashboard. Injury and Violence Data. CDC. Published January 16, 2025. Accessed May 8, 2025. https://www.cdc.gov/injury-violence-data/data-vis/index.html.

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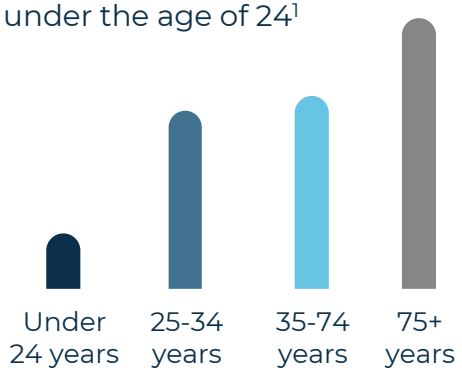
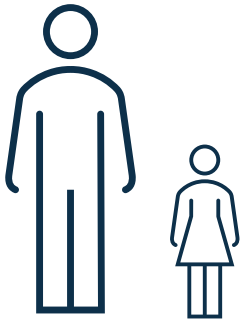
Suicide Statistics: Current State Of The Nation

In the United States, suicide is the 11th leading cause of death[1]

Rates are higher among those aged 25-34 and 75+
compared to those under the age of 24[1]





Men die by suicide

3.85x

more often than women[1]

In 2020, the nation spent

$500+ billion

related to suicide and nonfatal self-harm
(in medical costs, work loss, quality of life costs, and value of statistical life)[2]

Suicide rates were

26% lower

In counties with the most health insurance coverage
compared to counties with the least coverage[3]

US, United States.

References:

1. Suicide statistics. AFSP. Updated May 11, 2024. Accessed March 31, 2025. https://afsp.org/suicide-statistics.
2. Preventing suicide. CDC. Updated April 2024. Accessed April 7, 2025. https://www.cdc.gov/suicide/pdf/NCIPC-Suicide-FactSheet-508_FINAL.pdf.
3. Vital signs. CDC. Updated October 17, 2024. Accessed April 7, 2025. https://www.cdc.gov/vitalsigns/prevent-suicide/index.html.

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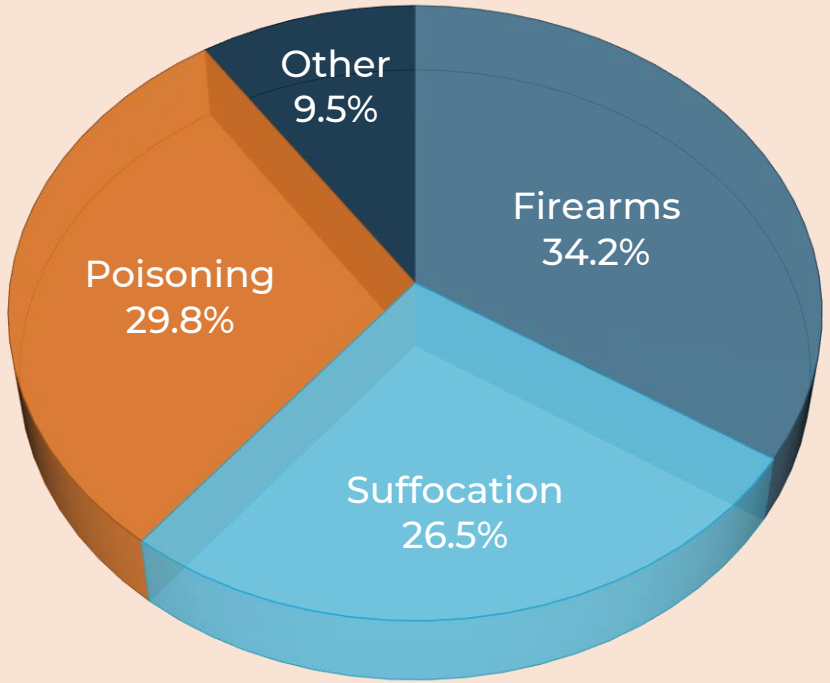
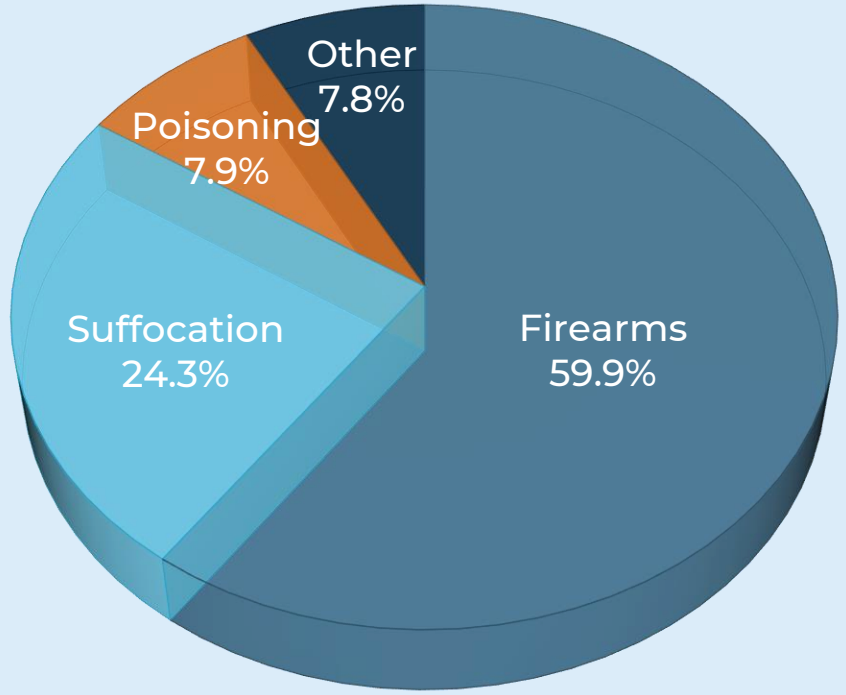
Suicide Deaths By Method

More than half of all suicides in the US are by firearm[1]

Suicide Death Method Among Females[2]



Suicide Death Method Among Males[2]



US, United States.

References:

1. Suicide statistics. AFSP. Updated May 11, 2024. Accessed March 31, 2025. https://afsp.org/suicide-statistics.
2. Suicide. NIMH. Accessed March 31, 2025. https://www.nimh.nih.gov/health/statistics/suicide.

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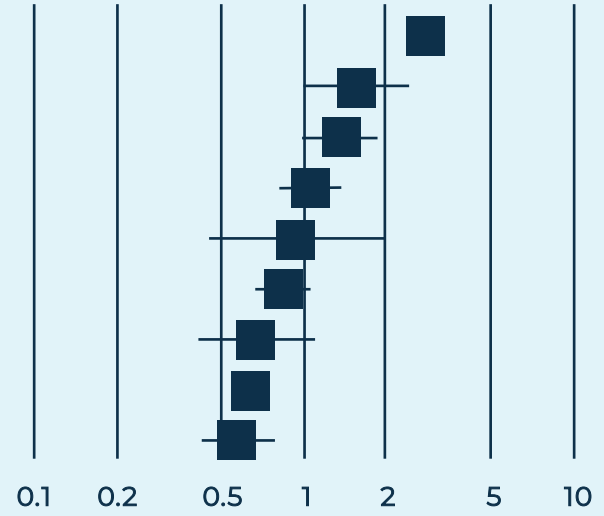
Suicide Methods In Mental Illness[1]

People with severe mental illness are more likely to die by suicide by jumping from heights

This is also significant for individuals living with

- Schizophrenia
- Bipolar Disorder
- Major Depression

	Odds ratio	Lower limit	Upper limit
Jumping from height	2.820	2.500	3.180
Drug overdose	1.550	0.989	2.428
Drowning	1.380	1.025	1.859
Cutting/use of sharp objects	1.050	0.810	1.361
Other poison	0.930	0.438	1.973
Hanging	0.830	0.661	1.042
Gas poisoning	0.660	0.402	1.084
Firearms	0.630	0.530	0.749
Fire	0.560	0.409	0.767



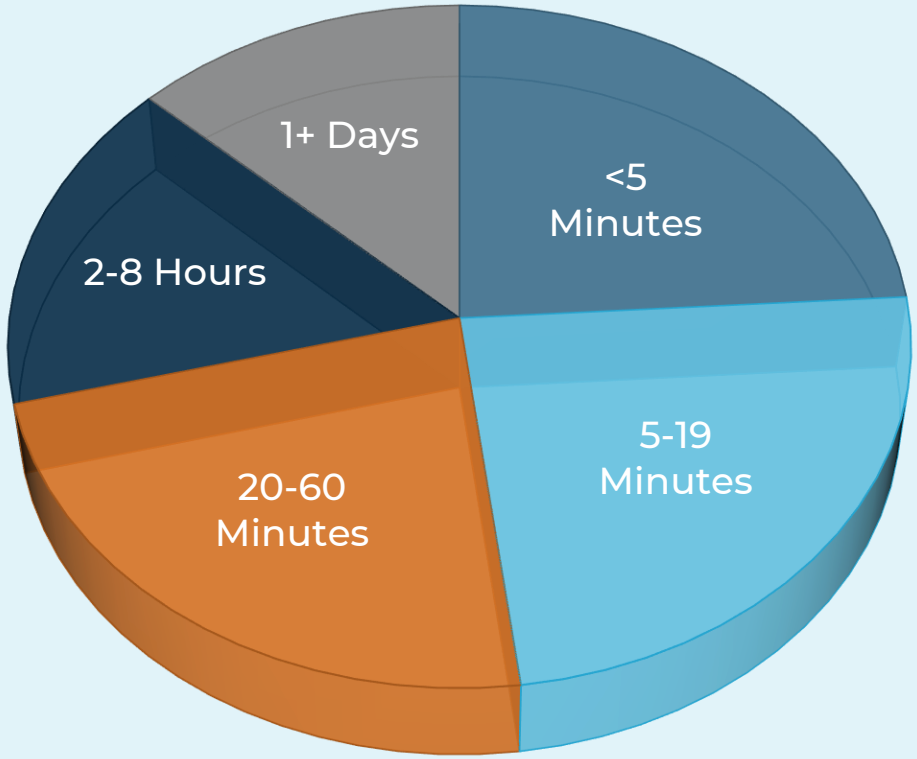
Reference:

1. Trott M, et al. *Acta Psychiatr Scand.* 2025;151(4):467-484.

Timescale Of Suicidal Thinking

- A study assessed adults for suicidal thinking as they were monitored over a 42-day period, reporting[1]:
  - Suicidal thinking can change very quickly, with elevated states of suicidal thinking lasting an average of 1 to 3 hours
  - Suicidal intent can last for 2 to 3 hours
  - Suicidal desire can last much longer at 20 hours
- In a different study of suicide attempt survivors, about 1 in 4 survivors deliberated suicide for less than 5 minutes[2]

Suicidal Deliberation Duration Reported By Survivors[2]



References:

1. Coppersmith DDL, et al. *Proc Natl Acad Sci USA*. 2023;120(17):e2215434120.
2. Means matter: duration of suicidal crises. Harvard University. 2004. Accessed April 7, 2025. https://means-matter.hsph.harvard.edu/means-matter/duration/.

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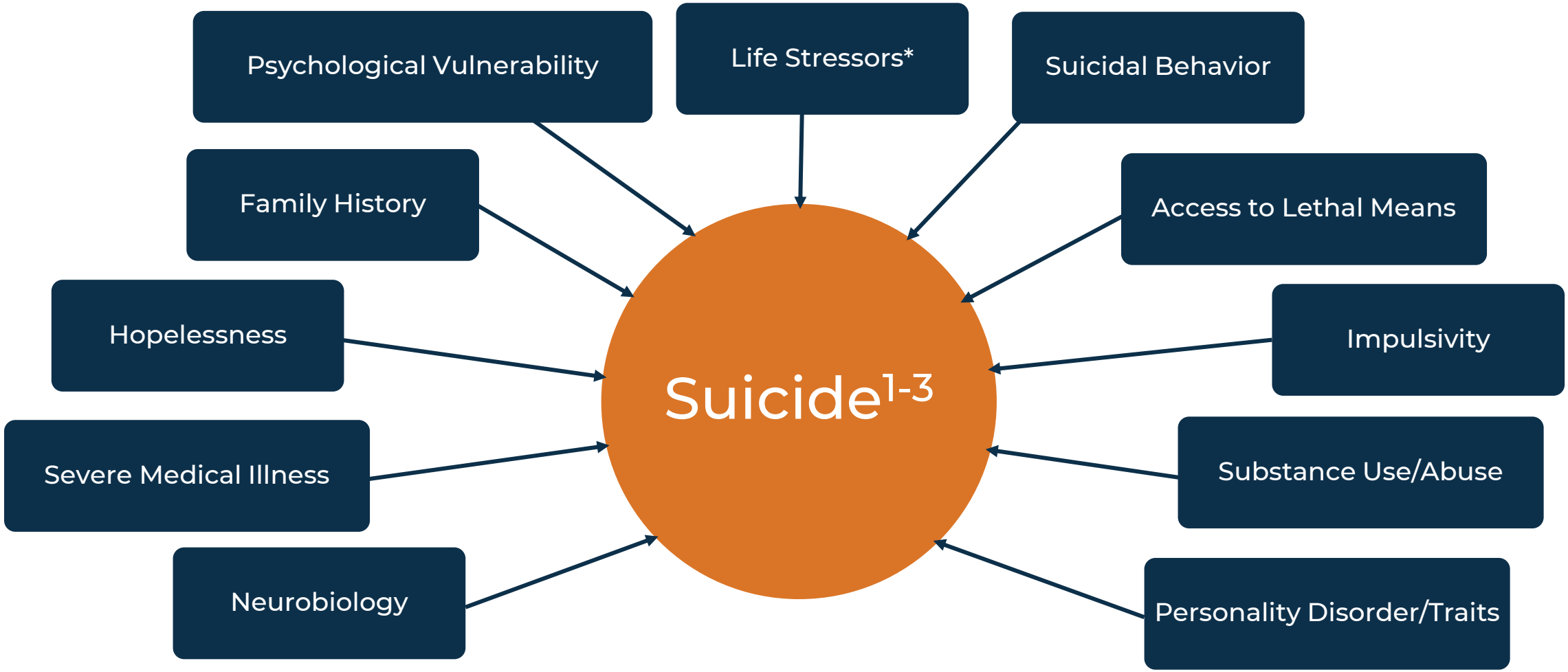
Suicide Risk And Protective Factors Across Populations

Risk Factors Related To Suicide



*Life stressors may include: unemployment, economic distress, racism, social or cultural disparities, relationship problems, or other stresses.

References:

1. Risk and protective factors for suicide. Suicide Prevention. CDC. Published 2024. Accessed May 8, 2025. https://www.cdc.gov/suicide/risk-factors/index.html.
2. Vargas-Medrano J, et al. *Brain Behav Immun Health*. 2020;7:100124.
3. Pemau A, et al. *Psychol Med*. 2024;54(9):1897-1904.

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Suicide Risk And Mental Health Conditions[1]

Among people with serious mental illness, the suicide rate is estimated to be **312.8 per 100,000 person-years**

A meta-analysis from 2023 reported:

Major depression has the highest pooled suicide rate, while bipolar disorder has the lowest

Males were found to have an excess risk of suicide and may have less contact with mental health services

MHRN, Mental Health Research Network.

Reference:

1. Fu XL, et al. *Psychol Med.* 2023;53(2):351-361.

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Suicide Risk In Major Mental And Cognitive Health Conditions

Major depressive disorder (MDD)

- **Women attempt suicide more frequently** than men (62% vs 38%)[1]
- **Men die by suicide more often** than women (57% vs 43%)[1]
- Accounts for up to **87% of completed suicides**[2]

Bipolar disorder

- **Women attempt suicide more frequently** than men (68% vs. 32%)[1]
- **Men die by suicide more often** than women (54% vs. 46%)[1]
- **79% contemplate**[3]

Dementia

- **10% prevalence rate of suicide ideation**[7]
- Men with dementia more likely to attempt and die by suicide than women[7]
- Younger patients (<69 years old) have increased risk of dying by suicide[7]

Schizophrenia

- **4.5-fold increased risk of suicide** vs general population[4]
- 25-50% patients attempt suicide in lifetime[5]
- **Frequent cause of early mortality**; affects nearly 5% of patients[5]

PTSD

- **Individuals with PTSD die by suicide at 5x rate** of those without PTSD[6]
- Recent study revealed over **14% of those who died by suicide were given diagnosis of trauma-associated stress** condition in year before death[6]

ADHD

- Lifetime prevalence of suicidal ideation is 59.5%[8]
- **9.5% of patients exhibit suicidal behavior**; 10.8% of patients have non-suicidal self-injury behavior[8]

ADHD, attention-deficit hyperactivity disorder; PTSD, post-traumatic stress disorder.

References:

1. Arnone D, et al. *Neurosci Biobehav Rev.* 2024;159:105594.
2. Cai H, et al. *Front Psychiatry.* 2021;12:690130.
3. Pike CK, et al. *Int J Bipolar Disord.* 2024;12(1):8.
4. Olfson M, et al. *JAMA Psychiatry.* 2021;78(8):876-885.
5. Berardelli I, et al. *Front Psychiatry.* 2021;12:779684.
6. Sala-Hamrick KJ, et al. *Psychiatr Serv.* 2023;74(9):936-942.
7. Desai R, et al. *Ageing Res Rev.* 2024;100:102445.
8. Di Salvo G, et al. *Ann Gen Psychiatry.* 2024;23(1):42.

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High-Risk Populations (1/2)

Age

Suicide is 2nd leading cause of death for ages 10-34[1]

Men aged 75+ have one of **highest suicide rates** (compared to other age groups)[3]

22% Older adults make up ~22% suicide[2]

1 in 4 older adults and 1 in 200 youths succeed in suicide attempts[2]

Race/ethnicity

Highest US age-adjusted suicide rate was among American Indians and Alaskan Natives (16.11 per 100,000)[4]

Lower rates among Black/African Americans, Asians, and Pacific Islanders[1]

Sexual orientation

Risk higher among LGB-identifying people[3]

5x Rate of suicide attempts 5x **higher for LGB youth** than straight youth[3]

US, United States; LGB, lesbian, gay, bisexual.

References:

1. Facts about suicide. CDC. Published July 23, 2024. Accessed April 7, 2025. https://www.cdc.gov/suicide/facts/index.html.
2. Suicide and older adults: what you should know. NCOA. Published January 3, 2025. Accessed April 7, 2025. https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know.
3. Health disparities in suicide. Suicide Prevention. CDC. Published March 28, 2024. Accessed April 7, 2025. https://www.cdc.gov/suicide/disparities/index.html.
4. Suicide statistics. AFSP. Updated May 11, 2024. Accessed March 31, 2025. https://afsp.org/suicide-statistics.

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High-Risk Populations (2/2)

Disabilities

Limited data available on suicide among people with disabilities[1]

In general US population, **adults with disabilities 3x more likely to report suicidal ideation in past month** (30.6%) vs those without disabilities (8.3%)

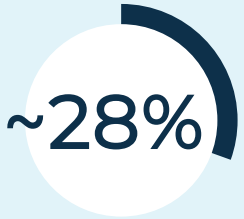
Veteran status

13th leading **cause** of death among veterans overall[1]

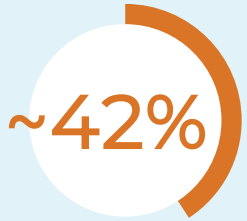
Veterans account for **~13.9% of suicides** among US adults[1]

Occupation

~300-400 physicians **die by suicide yearly**[2]



residents show depressive symptoms[2]



residents experience anxiety and depression during training years[2]

nurses more likely to die from suicide than general population[3]

US, United States.

References:

1. Health disparities in suicide. Suicide Prevention. CDC. Published March 28, 2024. Accessed April 7, 2025. https://www.cdc.gov/suicide/disparities/index.html.
2. Jain L, et al. *J Prim Care Community Health*. 2024;15:21501319241273242.
3. Lee KA, Friese CR. *J Psychosoc Nurs Ment Health Serv*. 2021;59(8):3-4.

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Protective Factors For Suicidal Risk[1]

- Access to mental health care and being proactive about mental health
- Feeling connected to family and community support
- Problem-solving and coping skills
- Limited access to lethal means
- Cultural and religious beliefs that encourage connecting and help-seeking, discourage suicidal behavior, or create a strong sense of purpose or self-esteem

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

Reference:

1. Risk factors, protective factors, and warning signs. AFSP. Accessed April 2, 2025. https://afsp.org/risk-factors-protective-factors-and-warning-signs/#protective-factors.

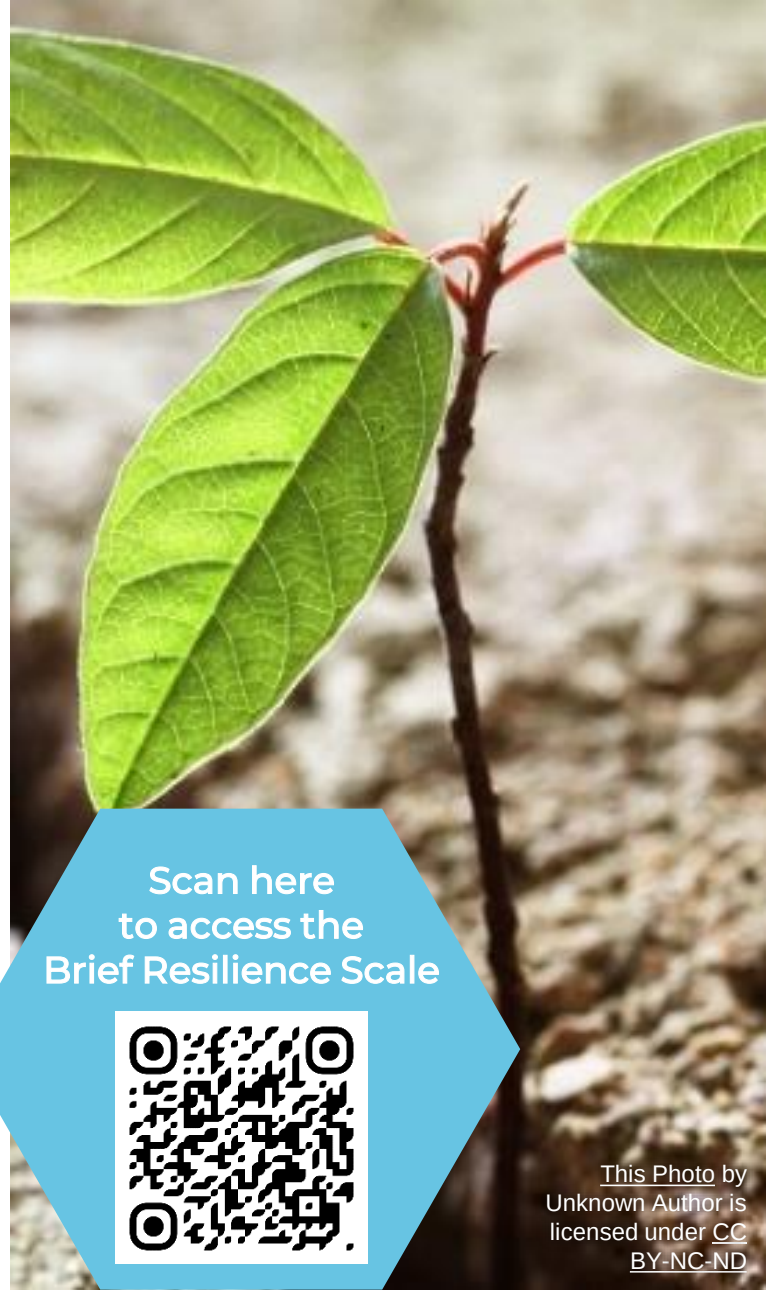
Resilience: Factors And Scales

FACTORS[1-3]

- 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[4-7]

- Connor-Davidson Resilience Scale
- Response To Stressful Experiences Scale
- Dispositional Resilience Scale-15
- Resiliency Scales For Children And Adolescents
- Brief Resilience Scale
- Ego Resilience Scale
- Essential Resilience Scale
- Physical Resilience Scale
- Resilience Scale (Wagnild & Young)
- Resilience Scale For Adults
- Scale Of Protective Factors



References:

1. Building your resilience. American Psychological Association. Updated February 1, 2020.. Accessed May 9, 2025. https://www.apa.org/topics/resilience/building-your-resilience
2. Wang X, et al. *Front Psychiatry.* 2022;13:984922.
3. Ki M, et al. *Int Psychogeriatr.* 2024;36(5):346-370.
4. Bartone PT, et al. *European Journal of Psychological Assessment.* 2023;39(3):222-239.
5. Ballard M, et al. *Children and Youth Services Review.*2024;157:1-13.
6. Prosek EA, et al. *Mil Psychol.* 2022;34(5):629-634.
7. Duke Aging Center. Psychosocial measures of resilience. Accessed April 8, 2025. https://agingcenter.duke.edu/psychosocial-resilience.

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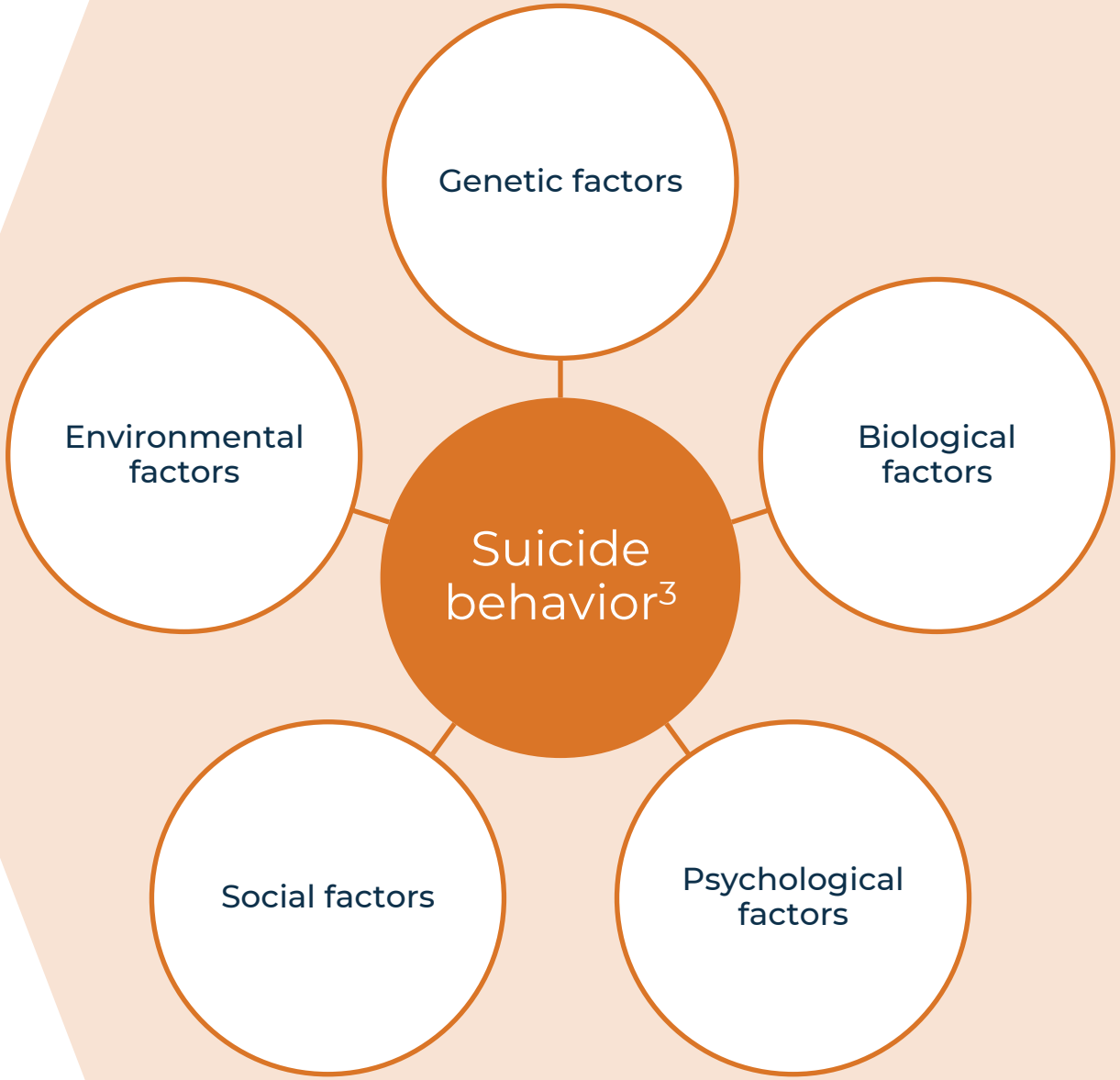
Suicide Etiology And Assessment Tools

Suicide Behavior Etiology

- There is never one single cause for suicide[1]
- Suicide develops as a result of interactions between genetic, biological, psychological, environmental, and social factors[2,3]
- Several studies have been published related to genetic and neuroimaging markers[4]
  - Pan-ancestry studies and more inclusive research are still needed to better understand suicide behavior
  - Suicidal ideation, attempt, and death should be analyzed separately to better understand suicide behavior etiology



References:

1. Pirkis J, et al. *Lancet Public Health.* 2024;9(10):e787-e795.
2. Balon R. *Acad Psychiatry.* 2021;45:760–762.
3. Gonda X, et al. *Pharmacol Ther.* 2023;244:108390.
4. Ceja Z, et al. *Biol Psychiatry.* 2025;97(8):775-785.

Importance Of Suicide Risk Assessment Tools[1]

- To proactively identify individuals at risk, routine suicide risk screening is essential and mandated by accrediting bodies like The Joint Commission (TJC) and Commission On Accreditation Of Rehabilitation Facilities (CARF) as a standard procedure for those with mental health needs
- Validated screening tools, such as the C-SSRS and PHQ-9 for general populations and the Beck scales for higher-risk groups, should be used for effective identification

C-SSRS, Columbia Suicide Severity Rating Scale; PHQ-9, Patient Health Questionnaire-9.

Reference:

1. VA/DoD clinical practice guideline for assessment and management of patients at risk for suicide. Department of Defense and Veterans Affairs. Published 2024. Accessed May 12, 2025. https://www.healthquality.va.gov/guidelines/MH/srb/VADOD-CPG-Suicide-Risk-Full-CPG-2024_Final_508.pdf.

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Assessment Tools

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

Suicide Behaviors Questionnaire-Revised (SBQ-R)

Columbia Suicide Severity Rating Scale (C-SSRS)

Suicidal Ideation Questionnaire (SIQ)

Suicidal Ideation Questionnaire-Junior (SID-Jr)

Chronological Assessment Of Suicide Events (CASE)

Reasons For Living Inventory

The Suicide Assessment Five-Step Evaluation And Triage (SAFE-T)[1]

Scan here for the SAFE-T scale on PsychU

1. **Identify risk factors.** Note those that can be modified to reduce risk.
2. **Identify protective factors.** Note those that can be enhanced.
3. **Conduct suicide inquiry.** Suicidal thoughts, plans, behavior, method, and intent
4. **Determine risk level and intervention.** Determine risk. Choose appropriate intervention to address and reduce risk.
5. **Document.** Assessment of risk, rationale, intervention, and follow-up.

Reference:

1. SAFE-T suicide assessment five-step evaluation and triage. SAMHSA. Updated 2024. Accessed March 31, 2025. https://library.samhsa.gov/sites/default/files/safet-flyer-pep24-01-036.pdf.

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Suicide Behaviors Questionnaire-Revised (SBQ-R)[1]

This questionnaire was developed for two main reasons:

1. A short-form version of the Suicidal Behaviors Questionnaire (SBQ) was not available which could be used in clinical and research settings
2. The SBQ did not report on other psychometric properties (eg, how scores could inform clinical judgement) so empirical support for each item number was examined

Brief self-report of four specific parameters of the suicide-related thoughts and behaviors construct:

	Purpose	Score Range
1	Evaluates the history of suicidal thoughts, plans, or attempts	1-5
2	Assesses the frequency of suicidal ideation in the past year	1-5
3	Examines the communication of intent to die by suicide	1-3
4	Estimates the self-reported likelihood of death by suicide	0-6

A **higher total score** represents a **greater severity** of suicide-related thoughts and behaviors.

Reference:

1. Huen JMY, et al. *Behav Sci (Basel).* 2024;14(5):410.

Columbia Suicide Severity Rating Scale (C-SSRS)

- Series of questions that anyone can use anywhere to prevent suicide[1]
- Most evidence-supported tool of its kind[1]

100+ different country-specific languages

for use by corrections, families, friends, neighbors, first responders, governments, health care, military, researchers, and schools[1]

Scan here to view the C-SSRS

C-SSRS: Screening Version For Recent Ideation And Behavior[2]

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***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) ***Have you been thinking about how you might do this?*** E.g. "*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.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?***		

6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. **If YES, ask:** ***Was this within the past three months?***	**YES**	**NO**

Low Risk
Moderate Risk
High Risk

References:

1. Just ask. You can save a life. Columbia Lighthouse Project. Accessed April 1, 2025. https://cssrs.columbia.edu/#home-featured.
2. The Columbia protocol for healthcare and other community settings. Columbia Lighthouse Project. Updated 2023. Accessed April 1, 2025. https://cssrs.columbia.edu/wp-content/uploads/C-SSRS-Screener-with-triage-points-2023.docx

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Suicidal Ideation Questionnaire (SIQ)[1]

The intent of these two common patient-reported outcome measures (SIQ and its adaptation, SIQ-Jr) is to capture baseline suicidal ideation and changes in suicidal ideation during clinical trials involving adolescents

How do these measures identify young people at risk for suicidal behaviors?

SIQ

Self-administered questionnaire with **30 items** used to assess the **frequency of suicidal ideation** in adolescents

SIQ-Jr

Self-reported measure with **15 items** used to assess the **frequency of suicidal ideation in the past month** in adolescents

SID-Jr, Suicidal Ideation Questionnaire-Junior.

Reference:

1. Courtney DB, et al. *J Am Acad Child Adolesc Psychiatry.* 2024;63(9):870-887.

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Chronological Assessment Of Suicide Events (CASE)[1]

This focuses on:

1. Exploring the timeline of patient's suicidal ideation and behavior
2. Providing recommendations on effectively eliciting disclosure of suicidal ideation from the patient

This approach involves three tasks:

Gathering information on suicidal risk factors

Learning about patient's suicidal ideation and planning

Determining clinical decisions based on the gathered information

Reference:

1. Suicide prevention resource guide: national response plan for suicide prevention in corrections. National Commission on Correctional Health Care. Published 2019. Accessed April 2, 2025. https://www.ncchc.org/wp-content/uploads/Suicide_Prevention_Resource_Guide.pdf.

Reasons For Living Inventory[1]

This approach measures beliefs which may contribute to the inhibition of suicidal behavior.

Scan here to access the resource

The six factors identified to inhibit suicide include:

- Survival and coping beliefs
- Responsibility to family
- Child-related concerns
- Fear of suicide
- Fear of social disapproval
- Moral objection to suicide

Items in the inventory include language like:

"Life is all we have and is better than nothing."

"I am afraid of the unknown."

"My religious beliefs forbid it."

Reference:

1. Allen J, et al. *Assessment.* 2019;28(3):709-723.

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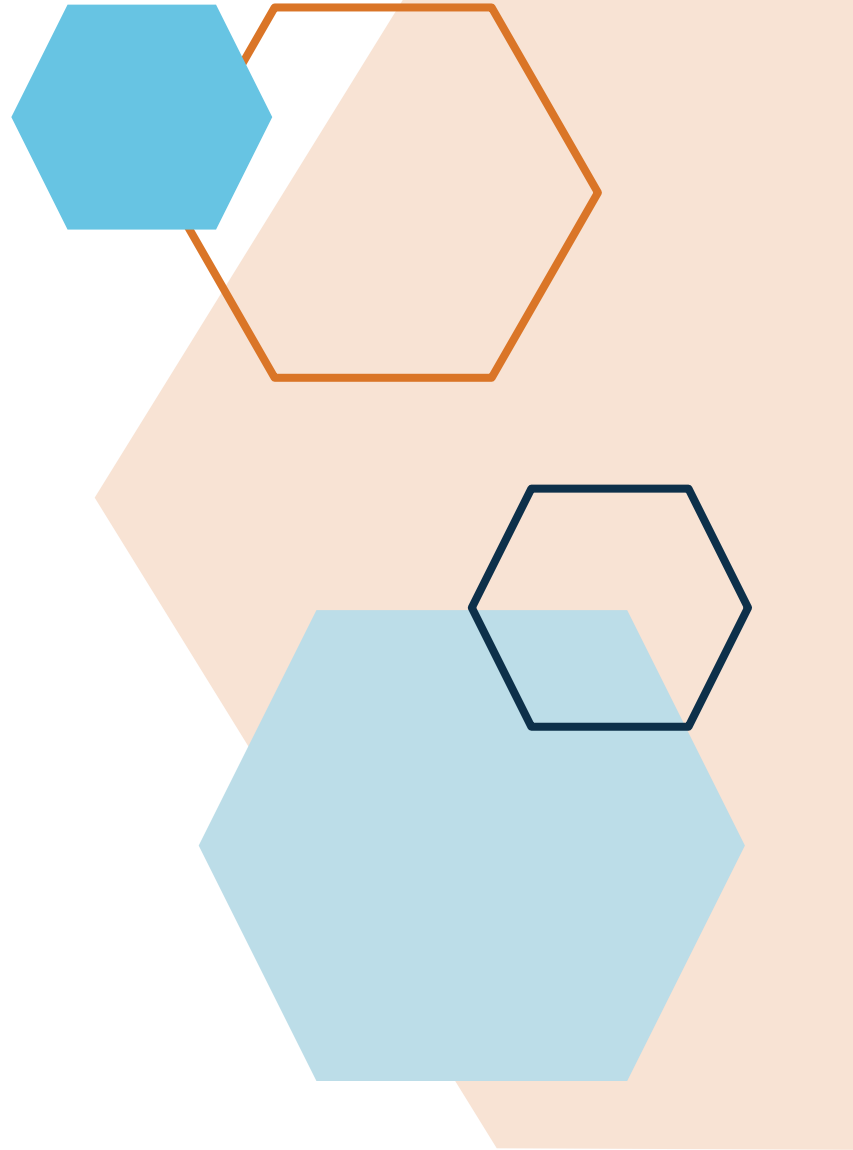
Suicide Stigma And Reduction



Challenges With Uncovering Suicidal Intent

Many reasons exist to prevent persons from relaying suicidal ideation, including[1-6]:

- Person withholds 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

References:

1. Obegi JH. *Gen Hosp Psychiatry.* 2021;72:92-95.
2. Oexle N, et al. *Epidemiol Psychiatr* Sci. 2022;31:e78.
3. Wyllie JM, et al. *BJPsych Open.* 2025;11(2):e60.
4. Blanchard M, Farber BA. *Psychother Res.* 2020;30(1):124-136.
5. Davies P, et al. *Journal of Affective Disorders Reports.* 2024;100764.1-19
6. Iskric A, et al. *Psychiatry Res.* 2020;288:112920.

Stigma makes it difficult to detect suicide intent, delaying help and increasing risk[2]

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Stigma in the US health care system fosters negative HCP attitudes toward mental illness, while rising suicide normalization—often inversely related to stigma—may hinder help seeking[1,2]

Stigma Takes Many Forms

Public Stigma[1]

Self-Stigma[3]

Structural Stigma[1]

Measures to assess personal and public stigma are rising, indicating higher interest in stigma reduction and increase in use of suicide stigma measures in the future[3]

HCP, health care provider; US, United States.

References:

1. Eschliman EL, et al. *BMC Public Health*. 2024;24(1):3614.
2. Oexle N, et al. *Epidemiol Psychiatr Sci*. 2022;31:e78.
3. Nicholas A, et al. *J Affect Disord*. 2023;321:114-125.

Harmful Effects Of Mental Health Stigma[1]

- Reduced hope
- Lower self-esteem
- Increased psychiatric symptoms
- Difficulties with social relationships
- Reduced likelihood of staying with treatment
- More difficulties at work

Reference:

1. Singhal N. Stigma, prejudice and discrimination against people with mental illness. American Psychiatric Association. Published March 2024. Accessed April 7, 2025. https://www.psychiatry.org/patients-families/stigma-and-discrimination.

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The Patient Perspective: What Mental Illness Feels Like[1]

- Feelings of relief, sadness, loneliness, denial, fear, and anxiety
- Hopelessness, pessimism, low self-esteem
- Inability to work
- Feeling the need to hide their illnesses and isolate themselves

Reference:

1. Salik H, et al. *J Psychiatr Ment Health Nurs*. 2025;32(2):288-296.

Combatting Stigma Considerations

For Individuals With A Behavioral Health Diagnosis[1]

- Face-to-face interaction with other individuals with lived experience*
- Videos and social marketing campaigns for people with lived experience[1,2]*
- Decide on desired level of disclosure (selective, indiscriminate)[1]
  - Disclosure can be empowering and protective against self-stigma-mediated effects on quality of life
- Tailored approaches towards specific language and cultural signifiers of a targeted group[2]
- Target groups that have the most interaction or where lack of help-seeking is most problematic (eg, young people, undocumented communities, military communities)[2]

*Lived Experience-an individual with first-hand experiences.

References:

1. Hajizadeh A, et al. *BMC Psychiatry.* 2024;24(1):782.
2. Singhal N. Stigma, prejudice and discrimination against people with mental illness. American Psychiatric Association. Published March 2024. Accessed April 7, 2025. https://www.psychiatry.org/patients-families/stigma-and-discrimination.

Stigma Reduction

Strategic Levels[1]

Intrapersonal
Treatment, Counseling, Cognitive Behavioral Therapy, Empowerment, Group Counseling, Self-Help/ Advocacy/Support Groups

Interpersonal
Care And Support, Home Care Teams, Community-Based Rehabilitation

Organization/ Institutional
Training Programs, New Policies (eg, Patient-Centered And Integrated Approaches)

Community
Education, Contact, Advocacy, Protest

Governmental/ Structural
Legal And Policy Interventions, Rights-Based Approaches

Strategies[2,3]

Implement Culturally Competent Stigma Reduction Initiatives

Offer Assistance To Local Media Regarding How They Can Reduce Stigma By:

- Avoiding Sensationalism
- Ensuring Balance In Coverage
- Encouraging Stories About Recovery, Accomplishment, And Contributions By People With Mental Health Conditions

References:

1. McCullock SP, Scrivano RM. *Clin Psychol Rev.* 2023;100:102242.
2. Ahad AA, et al. *Cureus.* 2023;15(5):e39549.
3. Singhal N. Stigma, prejudice and discrimination against people with mental illness. American Psychiatric Association. Published March 2024. Accessed April 7, 2025. https://www.psychiatry.org/patients-families/stigma-and-discrimination.

Suicide-Focused Research

Evidence-Based Strategies For Suicidal Risk Management

Suicide-specific interventions with *replicated* RCT support include[1,2]:

- Dialectical Behavior Therapy (DBT)
- Suicide-specific CBT (CT-SP and 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

BCBT, brief cognitive behavioral therapy; CT-SP, cognitive therapy for suicide prevention; RCT, randomized controlled trial.

References:

1. Mann JJ, et al. *Am J Psychiatry.* 2021;178(7):611-624.
2. Stanley B, et al. *Focus.* 2023;21:129-136,

CBT And DBT: Evidence-Based Treatments For Reducing Suicidality[1-4]

Evidence indicate 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

Onset of suicidal ideation

Post-treatment suicide attempts and reattempts

Hospitalizations and ED visits

Medical risk of self-injurious acts

CBT, cognitive behavior therapy; DBT, dialectical behavior therapy; ED, emergency department.

References:

1. Hu FH, et al. *Asian J Psychiatr.* 2024;93:103913.
2. Baker JC, et al. *JAMA Netw Open.* 2024;7(11):e2445913.
3. Diefenbach GJ, et al. *Gen Hosp Psychiatry.* 2025;93:73-79.
4. Bettis AH, et al. *Evid Based Pract Child Adolesc Ment Health.* 2020;5(3):354-364.

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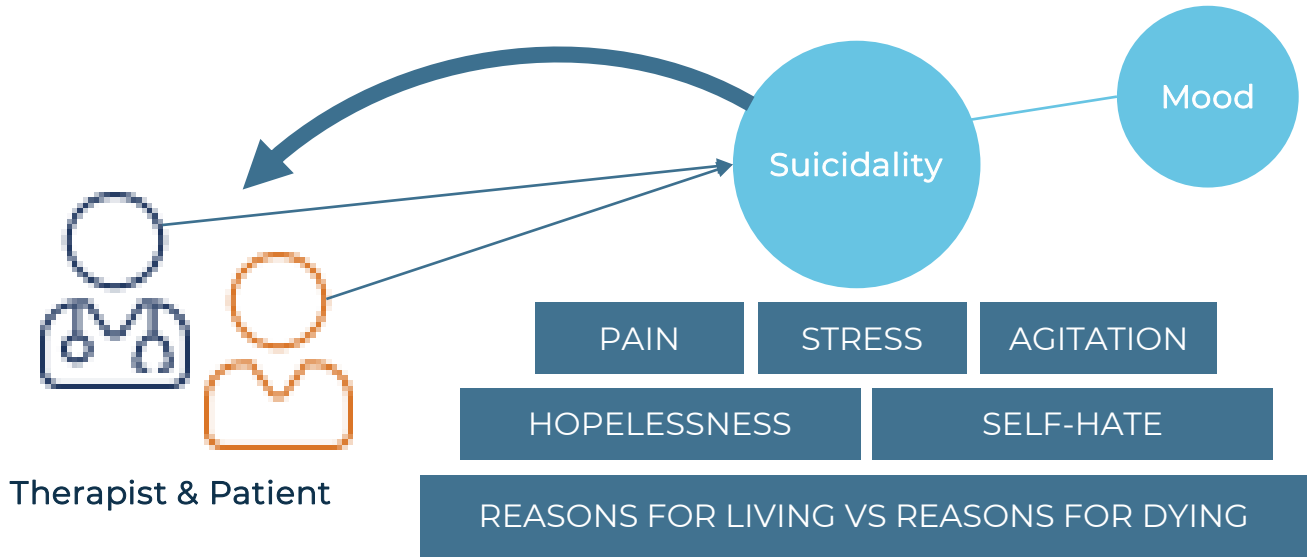
Collaborative Assessment And Management Of Suicidality: CAMS[1]

The Collaborative Assessment And Management Of Suicidality (CAMS) identifies and targets *suicide* as the primary focus of assessment and intervention.



CAMS assessment uses the Suicide Status Form (SSF) as a means of deconstructing the "functional" utility of suicidality; CAMS as an intervention emphasizes a problem-focused intensive outpatient approach that is suicide-specific and "co-authored" with the patient.

The 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).

Reference:

1. Tyndal T, et al. *Psychotherapy (Chic)*. 2022;59(2):143-149.

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

The Safety Planning Intervention (SPI) has 6 key steps:

1. Identify personalized warning signs.
2. Determine internal coping strategies that distract from suicidal thoughts and urges.
3. Identify family and friends who are able to distract from suicidal thoughts and urges.
4. Identify individuals who can help provide support during a suicidal crisis.
5. List mental health professionals and urgent care services to contact during a suicidal crisis.
6. Lethal means counseling for making the environment safer.

Crisis response planning has been shown to result in significantly:

- Fewer suicide attempts
- Lower suicide ideation
- Greater treatment engagement

SPI+ incorporates SPI plus strategic post-discharge follow-up.

Post-discharge contacts include:

- Letters
- Postcards
- Phone calls
- Emails
- Texts
- ED and inpatient follow-up calls
- Home visits

Reference:

1. Ferguson M, et al. *Arch Suicide Res*. 2022;26(3):1022-1045.

The Role Of Primary Care In Suicide Prevention[1]

PCPs are often the first to interact with individuals at risk of suicide with many suicide victims, seeing them within a month of death

Integrating suicide care into routine primary care visits has been shown to lead to significantly higher rates of suicide risk screening, assessment, and collaborative safety planning

- Suicide attempts dropped by 25% in the 3 months after visits that included suicide care practices

Suicide care consists of:

- Brief depression screening
- Depression symptom measure
- Suicide risk assessment
- Suicide safety planning

PCP, primary care provider.

Reference:

1. Primary care can play key role in suicide prevention. NIMH. Published December 30, 2024. Accessed May 12, 2025. https://www.nimh.nih.gov/news/science-updates/2024/primary-care-can-play-key-role-in-suicide-prevention.

Bereavement And Postvention

The Far-Reaching Impact Of Suicide Exposure

Suicide loss survivors may experience prolonged grief, shock, anger, guilt, symptoms of depression or anxiety, and thoughts of suicide.[1]

According to the CDC, there were
49,430 suicides among those aged 12 and older in 2022[1]

Each suicide has a profound impact on about
60 suicide-loss survivors[2]*

48-500 million people
could be considered suicide-loss survivors every year[2]

For each suicide death, there were[1]**:**

- 11 ED visits for self-harm
- 52 self-reported suicide attempts in the past year
- 336 people who seriously considered suicide in the past year

CDC, Centers for Disease Control and Prevention; ED, emergency department.
*Family members, friends, co-workers, classmates or therapists.

References:

1. Facts about suicide. CDC. Published March 26, 2025. Accessed April 3, 2025. https://www.cdc.gov/suicide/facts/index.html.
2. Levi-Belz Y, Birnbaum S. *Int J Environ Res Public Health.* 2022;19(24):16561.

Suicide Bereavement Differences And Impact[1]

Factors differentiating bereavement for suicide loss survivors include:

- Circumstances of the loss
- Post-traumatic stress (PTS)
- Stigma and isolation
- Other prejudices (eg, biased attempts to explain why the suicide happened)
- Investigations
- Religious and spiritual beliefs
- Emotional and physical reactions
- Survivors' questions (eg, why did the person take their life?)
- Family and relationship tensions
- Lack of privacy
- Practical concerns (eg, funerals, finances, etc)

Reference:

1. How suicide bereavement is different. Alliance of Hope. Accessed April 1, 2025. https://allianceofhope.org/for-professionals/how-suicide-bereavement-is-different/.

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Tips For Mental Health Professionals And Suicide Loss Survivors

Tips for mental health professionals[1]

- **Help make sense of things.** You can help the survivor make sense of the death and better understand any mental illnesses the deceased may have had.
- **Aid in coping with feelings.** The survivor may be dealing with different reactions among loved ones.
- **Offer help.** You can provide support and understand as the survivor goes through this difficult process.
- **Suggest treatment if needed.** The survivor could be experiencing post-traumatic stress disorder.

Tips for suicide loss survivors[2]

- **Reach out for help**. Look to your community for resources such as a friends, family, and mental health professionals.
- **Take your time.** You may feel pressured to discuss your loss, but it is important to remember you can take as long as you need.
- **Know that you are not alone**. It can be very isolating to be a suicide loss survivor so consider joining a support group in person or online.
- **Practice self-care.** Use techniques like relaxation exercises or staying socially connected to help you feel better.

References:

1. Left behind after suicide. Harvard Health Publishing at Harvard Medical School. Published May 29, 2019. Accessed May 12, 2025. https://www.health.harvard.edu/mind-and-mood/left-behind-after-suicide.
2. For suicide loss survivors. #BeThe1To. Accessed May 12, 2025. https://bethe1to.com/for-suicide-loss-survivors/.

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Suicide Prevention Resources

Suicide Prevention Resources: Main Organizations

Resource	Website
American Association Of Suicidology	https://www.suicidology.org
American Foundation For Suicide Prevention	https://afsp.org
Mental Health America: Suicide Prevention Resources	https://mhanational.org/resources/suicide-prevention/
After A Suicide: A Toolkit For Schools (2nd Edition)	https://sprc.org/wp-content/uploads/2022/12/AfteraSuicideToolkitforSchools-3.pdf
Alliance of Hope For Suicide Loss Survivors	https://allianceofhope.org/
The Joint Commission™	https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention/
SAMHSA	https://www.samhsa.gov/mental-health/suicidal-behavior/prevention
Speaking Of Suicide	https://www.speakingofsuicide.com/
Suicide Awareness Voices Of Education (SAVE)	https://save.org/
Suicide Prevention Resource Center	https://www.sprc.org/states
National Action Alliance For Suicide Prevention	https://theactionalliance.org/
World Health Organization (WHO)	https://www.who.int/mental_health/suicide-prevention/en/
Zero Suicide	https://zerosuicide.edc.org/

Scan here to gain access to PsychU suicide prevention

Note: The bolded organizations are supporting organizations for PsychU.
SAMHSA, Substance Abuse and Mental Health Services Administration.

Suicide Prevention Resources

For high-risk populations

Resource	Website/Phone Number
Black Congressional Caucus Task Force On Black Youth Suicide	https://watsoncoleman.house.gov/suicidetaskforce/
The Black Mental Wellness Lounge	https://www.youtube.com/c/theblackmentalwellnesslounge
The Jed Foundation	https://www.jedfoundation.org
Model School District Policy On Suicide Prevention	https://afsp.org/our-work/education/model-school-policy-suicide-prevention/
National Action Alliance: Faith Communities	https://theactionalliance.org/communities/faith-communities
The Confess Project Of America	https://www.theconfessprojectofamerica.org/
The Steve Fund	https://www.stevefund.org/
The Trevor Project	https://www.thetrevorproject.org/explore/
Trans Lifeline	https://translifeline.org/
Veterans Crisis Line	988, press 1

For frameworks

Resource	Website
ED-SAFE 2 For Emergency Departments	https://pmc.ncbi.nlm.nih.gov/articles/PMC7484364/pdf/nihms-1610222.pdf
Preventing Suicide: A Community Engagement Toolkit	https://iris.who.int/bitstream/handle/10665/272860/9789241513791-eng.pdf?sequence=1
Suicide Prevention Toolkit For Primary Care Practices	https://www.sprc.org/settings/primary-care/toolkit?sid=508

Scan here
to access PsychU suicide prevention resources

ED-SAFE 2, Emergency Department Safety Assessment and Follow-Up Evaluation 2.

988 | SUICIDE & CRISIS LIFELINE

If you or someone you know is in crisis text or call:

Crisis Text Line
741741
Dial 988

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

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www.PsychU.org

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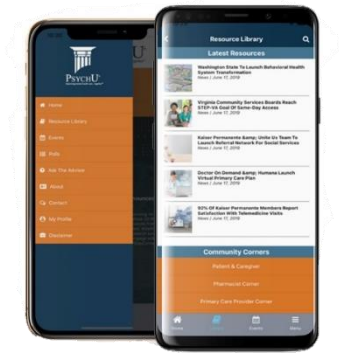

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Mental Health Awareness

The Interplay Between Suicide And Stigma In Mental Health

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