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Suicide Prevention

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Definition
Suicide prevention is inclusive of all activities undertaken for the reduction of the prevalence of suicide.

Prevalence
Suicide is a major, preventable public health problem. In 2012, it was the tenth leading cause of death in the U.S., accounting for approximately 37,000 deaths. The overall rate was 11.3 suicide deaths per 100,000 people. An estimated 11 attempted suicides occur per every suicide death (Centers for Disease Control and Prevention, 2012).

Suicidal behavior is complex as it is influenced by psychological factors such as a mood disorder, as well as, interpersonal and social stressors such as the loss of a meaningful relationship. Suicide because of its biopsychosocial composition is therefore hard to predict and assess. Suicide continues to be a serious public health problem. For example, suicide continues to be a problem for young people. It is currently the 2nd leading cause of death for individuals ages 15-24 in the United States (Granello & Granello, 2007).

Suicide is highly preventable. Some 85% of adolescents who attempt suicide tell someone of their intent prior to their attempt (Bolger, Downey, Walker, & Steininger, 1989; Juhnke, Granello, & Granello; 2011). Also, some 80% of elderly visit their primary care doctor prior to a suicide attempt (Granello & Granello, 2007). In each of these populations, there are opportunities to recognize the warning signs of suicide and intervene (Juhnke, Granello, & Granello, 2011).

Prevention Strategies
For a comprehensive review of suicide prevention program interventions please see:

Gould M. S., Greenberg T., Velting, D. M., & Shaffer D. (2003). Youth suicide risk and preventive interventions: a review of the past 10 years. *J r.a f e A e car. Acade y' f C d ar.d Ad e cer. P y'c a y';* *42*(4), 386-405.

Three main categories of prevention strategies that are generally used in suicide prevention include (Silverman & Felner, 1995):

Universal: Prevention strategies that are designed to intervene with an entire population, where individuals have not yet been identified as at-risk. Examples might include: School-wide screening programs for mental health, depression, or anxiety. Suicide "gate-keeper" programs are trainings in which a large number of individuals in the population are trained to identify and refer those potentially at-risk. Research evidence suggests that adolescent males, in particular, will utilize suicide hotline numbers if they are posted in schools or agencies (Granello & Granello, 2007).

Targeted: Prevention strategies that are designed to intervene with a population where there are individuals known to be at-risk. These individuals may share a common situational or psychological risk factor such as domestic violence, substance abuse, or a high likelihood of mood disorders. Approximately, 90%

of those who complete suicide have an underlying mental health disorder, most frequently a mood disorder (Wetzler et al., 1996). Targeted prevention programs may include providing education concerning community resources and suicide and mental health disorders, and suicide hot-line numbers.

Selected: Treatment interventions designed for working with specifically identified at-risk individuals. Examples include working with a group of adolescents who have depression to develop safety plans, or providing access to positive peer mentoring programs to children who are at-risk for suicide. Also, helping individuals' access medical or behavioral health care for appropriate medication and therapy could be considered a selected intervention. Studies showed that cognitive therapy reduced the rate of repeated suicide attempts by 50 percent during a year of follow-up (Brown, Ten, Henriques, Xie, Hollander, & Beck, 2005). A previous suicide attempt is among the strongest predictors of subsequent suicide, and cognitive therapy helps suicide attempters consider alternative actions when suicidal thoughts emerge (Brown, Ten , Henriques, Xie, Hollander, & Beck, 2005).

Most clinicians do not receive adequate training during their graduate programs to assess and treat suicidal individuals (Juhnke & Granello, 2007). For those clinicians interested in learning more about, or participating in suicide prevention services, please see the resources indicated below:

Resources:

American Association of Suicidology
http://www.suicidology.org/home

American Foundation for Suicide Prevention
http://www.afsp.org/

Jed Foundation
http://www.jedfoundation.org/

National Suicide Prevention Training Center
http://www.sprc.org/

For a complete pre-packaged program for suicide prevention with children and adolescents in schools see:

The Guide (University of Florida)
http://theguide.fmhi.usf.edu/
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Granello, D. H., & Granello, P. F. (2007). *Suicide: An essential guide for helping professionals and educators*. Boston, MA: Allyn & Bacon.

Juhnke, G., Granello, D. H., & Granello, P. F. (2011).