

Suicide is one of the greatest tragedies imaginable for a victim and their loved ones. Each year suicide claims approximately 30,000 lives in America which makes it responsible for slightly more than 1 percent of deaths in the United States. Suicidal thoughts and behaviors are a psychiatric emergency requiring immediate intervention to prevent this disastrous event. It is the most common psychiatric emergency with close to 1 million Americans receiving treatment for suicidal thoughts, behaviors or attempts on a yearly basis.

Who is at risk for suicide?

- The single biggest risk factor for suicide is a history of suicidal behaviors and attempts.
- Over 90 percent of people who die by suicide have been diagnosed with mental illness.
- Some of the mental illnesses most commonly associated with suicide include depression, bipolar disorder, schizophrenia, personality disorders (including borderline personality disorder), anxiety disorders (including posttraumatic stress disorder and panic attacks) and eating disorders (including bulimia nervosa and anorexia nervosa).
- Substance abuse and addiction are associated with an increased risk of suicide.
- More than one in three people who die from suicide are intoxicated, most commonly with alcohol or opiates (e.g., Heroin, Percocet [oxycodone]).
- The majority of completed suicides in America involve firearms and access to firearms is associated with a significantly increased risk of suicide.
- Older age is associated with increased risk of suicide.
- While women are more likely to attempt suicide, men are four times more likely to die by suicide.
- People of all races and ethnicities are at risk for suicide.
- People who feel socially-isolated (e.g., divorced, widowed) are at increased risk of suicide compared with people who have responsibility for family members (e.g., people who are married or people with children)
- While scientists have not discovered one specific gene that causes suicide, it is known that people with a family history of suicide are at increased risk.
- People with a history of trauma (e.g., childhood abuse or combat experience) are at increased risk of suicide.
- Involvement in community or religious organizations may decrease the risk of suicide.

How can suicide be prevented?

As suicidal thoughts or behaviors are a psychiatric emergency, the involvement of properly-trained mental health professionals is necessary. For some people, this means making an appointment to see a therapist or a psychiatrist; for other people, it may mean calling 911 or going to the nearest emergency room. After they are evaluated by a mental health professional, some people may be able to continue outpatient treatment; others may require

inpatient psychiatric hospitalization to manage their symptoms. Ongoing psychiatric treatment is helpful for most people with suicidal thoughts and behaviors. Some forms of psychotherapy—including cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT)—are useful in treatment of suicidal thoughts and behaviors. Psychotherapy can also be a helpful part in the ongoing treatment of people mental illness.

Alcohol and drugs are very dangerous for people at risk of suicide. Addiction puts people at increased risk of suicide and can also worsen other mental illnesses which further increases this risk. Additionally, people who are intoxicated or withdrawing from drugs and alcohol are more impulsive. This impulsiveness can make people more likely to attempt suicide and perhaps less likely to ask for help with their troubling symptoms.

Some medications may be helpful in reducing the risk of suicide in certain patients with mental illness. While antidepressants carry a “Black Box Warning” from the US-FDA regarding the risk of increased suicide, most people with depression or anxiety will be less likely to hurt themselves if they are taking an antidepressant medication. Most scientific studies of people with depression suggest that antidepressants save lives by preventing suicide because untreated depression is such a significant risk factor for suicide. Other medications may also be useful: for some people with symptoms of depression, lithium can be helpful in decreasing the risk of suicide.

What can friends and family members do?

If they have concerns that someone close to them is suicidal, family and friends can be most helpful in encouraging their loved one to seek treatment. Some people may be afraid that they could worsen the situation if they bring up the topic of suicide with their loved one. While this is a common concern, scientific studies show that asking about suicide—and encouraging their loved one to get help—does not increase the risk of suicide. Rather, addressing concerns about suicide is helpful in preventing suicide.

Friends and family that are interested in learning more about suicide prevention are encouraged to follow the links included below.

American Association of Suicidology

Website: www.suicidology.org (also provides listings of state-by-state suicide crisis lines).

Phone: 1 (800) 273-TALK (8255) (crisis line)

American Foundation for Suicide Prevention

Website: www.afsp.org

Phone: 1 (888) 333-AFSP (2377) (not a crisis line)

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