

Subject: Special Issue: Compilation of Articles on Suicide Prevention from 2007 Studies in the News.



Studies in the News for



California Department of Mental Health Compilation Issue of Suicide Prevention Articles

Compilation of Suicide Prevention articles for year ending December 31, 2007 in Studies in the News as developed by the California State Library.

This Supplement to Studies in the News (SITN) will address a compilation of articles regarding Suicide Prevention for the year ending December 31, 2007.

How to Obtain Materials from the California State Library for articles listed in this compilation:

- When available on the Internet, the URL for the full-text of each item is provided.
- California State Employees may contact the California State Library State Information & Reference Center (916-654-0206; cslsirc@library.ca.gov).
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

The following are the Subject Headings for Compilation Issue of Suicide Prevention Articles for the year ending December 31, 2007 for Studies in the News.

**Children and Adolescents
Depression
Elderly
Criminal Justice System
Minorities**

Other Issues
Suicidal Behaviors
Suicide Prevention Strategies
Veterans

CHILDREN AND ADOLESCENTS

“Adolescent Suicide Prevention: School Psychologists' Acceptability of School-Based Programs.” By Tanya L. Eckert, Syracuse University, and others. IN: School Psychology Review, vol. 32, no. 1 (2003) pp. 57-76.

[“From a random sample of members of the 1996-1997 membership directory of the National Association of School Psychologists (NASP), school psychologists' acceptability ratings of three school-based programs for the prevention of adolescent suicide were examined. A total of 211 (46.2%) respondents read a case description of a particular prevention program and completed the Suicide Prevention Program Rating Profile (SPPRP; Eckert, Miller, DuPaul, & Scherff, 2002), a measure designed to evaluate the acceptability of suicide prevention programs.

Suicide prevention programs evaluated for their acceptability included: (a) school-wide curriculum-based programs presented to students; (b) in-service presentations to school staff; and (c) students' self-report screening programs. The results indicated that school psychologists rated the staff in-service training and curriculum-based programs as significantly more acceptable than the school-wide screening program. In addition, the school-wide screening program was rated as significantly more intrusive by school psychologists than the staff in-service training or curriculum-based prevention programs.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=9625054&site=ehost-live>

“Childhood and Adolescent Depression.” By: Shashi Bhatia and Subhash C. Bhatia, University of Creighton. IN: American Family Physician, vol. 75, no. 1 (2007) pp. 73-80.

[“Major depression affects 3 to 5 percent of children and adolescents. Depression negatively impacts growth and development, school performance, and peer or family relationships and may lead to suicide. Biomedical and psychosocial risk factors include a family history of depression, female sex, childhood abuse or neglect, stressful life events, and chronic illness. Diagnostic criteria for depression in children and adolescents are essentially the same as those for adults; however, symptom expression may vary with developmental stage, and some children and adolescents may have difficulty identifying and describing internal mood states. Safe and effective treatment requires accurate diagnosis, suicide risk assessment, and use of evidence-based therapies.

Current literature supports use of cognitive behavior therapy for mild to moderate childhood depression. If cognitive behavior therapy is unavailable, an antidepressant may be considered. Antidepressants, preferably in conjunction with cognitive behavior therapy, may be considered for severe depression.... If an antidepressant is warranted, the risk/benefit ratio should be evaluated, the parent or guardian should be educated about the risks, and the patient should be monitored closely (i.e., weekly for the first month and every other week during the second month) for treatment-emergent suicidality.” **Note: Journal available for loan.]**

“Assessing Suicide Risk in Children: Guidelines for Developmentally Appropriate Interviewing.” By Casey A. Barrio, University of North Texas. **IN: Journal of Mental Health Counseling, vol. 29, no. 1 (January 2007) pp. 50-66.**

[“Although suicide is considered a leading cause of death for all age groups, resources and recommendations regarding methods of assessment of suicide risk in children appears to be scattered across related disciplines. Most risk assessment measures for ‘youth’ are intended for use with adolescents, and the nature of children's developmental functioning presents particular challenges for accurate assessment. This article includes a brief review of risk factors and recommendations for preparing to conduct suicide risk assessments with children. Guidelines for mental health counselors who conduct developmentally appropriate risk assessments with children are detailed, and suggestions for consulting with caregivers are provided.” **Note: Journal available for loan.]**

“Dating Violence, Sexual Assault, and Suicide Attempts Among Urban Teenagers.” By Elyse Olshen, Columbia University Medical Center, and others. **IN: Archives of Pediatrics & Adolescent Medicine, vol. 161, no. 6 (June 2007) pp. 539-545.**

[“Suicide is the third leading cause of death in adolescents. Although rates of adolescent suicide declined from 1991 to 2002, they remain unacceptably high. In 2003, 6.5 per 100 000 US teenagers aged 14 to 19 years committed suicide. Completion rates in this age group varied significantly by sex and race. Risk factors for adolescent suicide include prior suicide attempts, depression, and substance abuse. Research to identify adolescents at risk for suicide attempts has been specified, by the Institute of Medicine, as a priority for preventing adolescent suicide.

Objective of this paper is to evaluate the relationship between dating violence, sexual assault, and suicide attempts among urban adolescents.... Respondents were 50% female and primarily black (36.0%) or Hispanic (40.1%). In the past year, 11.7 % of females and 7.2% of males reported 1 or more suicide attempts. Lifetime history of sexual assault was reported by 9.6% of females and 5.4% of males. Dating violence in the past year was reported by 10.6% of females and 9.5% of males....

In this population of urban youth, recent dating violence among females and lifetime history of sexual assault among males were significantly associated with suicide attempts. Clinicians and educators should be trained to routinely screen adolescents for violence

victimization and should have a low threshold for referring these at-risk teenagers for mental health services.”]

Full text at:

<http://archpedi.ama-assn.org/cgi/content/full/161/6/539>

“Suicide and Suicide Attempts in Adolescents.” By Benjamin H. Shain, American Academy of Child and Adolescent Psychiatry, and others. IN: Pediatrics, vol. 120, no. 3 (September 2007) pp. 669-676.

[“Suicide is the third-leading cause of death for adolescents 15 to 19 years old. Pediatricians can take steps to help reduce the incidence of adolescent suicide by screening for depression and suicidal ideation and behavior. This report updates the previous statement of the American Academy of Pediatrics and is intended to assist the pediatrician in the identification and management of the adolescent at risk of suicide. The extent to which pediatricians provide appropriate care for suicidal adolescents depends on their knowledge, skill, comfort with the topic, and ready access to appropriate community resources. All teenagers with suicidal thoughts or behaviors should know that their pleas for assistance are heard and that pediatricians are willing to serve as advocates to help resolve the crisis.”]

Full text at: <http://www.aap.org/healthtopics/depression.cfm>

“Gun Storage Practices and Risk of Youth Suicide and Unintentional Firearm Injuries.” By David C. Grossman, University of Washington, Seattle, and others. IN: Journal of American Medical Association, vol. 293, no. 6 (February 5, 2005) pp. 707-714.

[“Household firearms are associated with an elevated risk of firearm death to occupants in the home. Many organizations and health authorities advocate locking firearms and ammunition to prevent access to guns by children and adolescents. The association of these firearm storage practices with the reduction of firearm injury risk is unclear....

The purpose of this paper is to measure the association of specific household firearm storage practices (locking guns, locking ammunition, keeping guns unloaded) and the risk of unintentional and self-inflicted firearm injuries....

Conclusions reached were that the 4 practices of keeping a gun locked, unloaded, storing ammunition locked, and in a separate location are each associated with a protective effect and suggest a feasible strategy to reduce these types of injuries in homes with children and teenagers where guns are stored.” **NOTE: The Journal of the American Medical Association is available for loan.]**

“Suicidality, School Dropout, and Reading Problems among Adolescents.” By Stefanie S. Daniel, Wake Forrest University, and others. IN: Journal of Learning Disabilities, vol. 39, no. 6 (November/December 2006) pp. 507-514.

[“The purpose of this study was to examine the risk of suicidal ideation and suicide attempts and school dropout among youth with poor reading in comparison to youth with typical reading (n = 188) recruited from public schools at the age of 15. In a prospective naturalistic study, youth and parents participated in repeated research assessments to obtain information about suicide ideation and attempts, psychiatric and sociodemographic variables, and school dropout.

Youth with poor reading ability were more likely to experience suicidal ideation or attempts and more likely to drop out of school than youth with typical reading, even after controlling for sociodemographic and psychiatric variables. Suicidality and school dropout were strongly associated with each other. Prevention efforts should focus on better understanding the relationship between these outcomes, as well as on the developmental paths leading up to these behaviors among youth with reading difficulties.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=22834424&site=ehost-live>

North Dakota Program Decreases Youth Suicides. By Matthew Gever, National Conference of State Legislatures. State Health Notes. Vol. 27, No. 481 (NCSL, Washington, DC) December 11, 2006. 2 p.

[“After reaching frightening heights in the 1990s, youth suicide rates in **North Dakota** have steadily decreased in the 2000s. State and tribal leaders attribute much of the progress to the [North Dakota Adolescent Suicide Prevention Project](#).

Launched in 2000, the Project focuses on teens and young adults because of their disproportionate rates of suicide. During the 1990s, suicide rates for the 15-24 age group averaged 20.0 per 100,000 residents, almost twice the national average of 12.5 per 100,000 for the same age group. For teens and young adults, suicide “is our number two cause of death,” said Mark LoMurray, director of the Project.

The program has proven to be so successful that it received a national award from the American Public Health Association. From 2000 to 2004, youth suicides fell by 47 percent, according to LoMurray.

Project leaders work with dozens of tribal and rural communities to develop strategies such as training professionals and peers to recognize and help troubled youth, establishing mentoring programs and increasing access to treatment. (A survey showed that about 70 percent of youth and young adults who had contact with medical professionals due to a suicide attempt in rural and tribal North Dakota had received no services two weeks later.)”]

Full text at: <http://www.ncsl.org/programs/health/shn/2006/sn481b.htm>

**“Utah Youth Suicide Study: Barriers to Mental Health Treatment for Adolescents.”
By M.A. Moskos, University of Utah School of Medicine, and others. IN: Suicide & Life Threatening Behavior, vol. 37, no. 2 (April 2007) pp. 179-186.**

[“Forty-nine suicide cases were drawn from an original sample of 151 consecutive youth suicide deaths. We used information from 270 interviews with parents and other survivors to evaluate mental health treatment sought for and by the decedent and barriers to mental health treatment. Participants reported the same primary barriers for the decedent: belief that nothing could help, seeking help is a sign of weakness or failure, reluctance to admit to having mental health problems, denial of problems, and too embarrassed to seek help. It is suggested that the stigma of mental illness is a considerable barrier to mental health treatment.” **NOTE: Journal available for loan.**]

**“Evaluating the SOS Suicide Prevention Program: A Replication and Extension.”
By Robert Aseltine, Jr., University of Connecticut, and others. IN: BMC Public Health, vol. 7, no. 161 (July 18, 2007) pp. 1-11.**

[“Suicide is a leading cause of death for children and youth in the United States. Although school based programs have been the principal vehicle for youth suicide prevention efforts for over two decades, few have been systematically evaluated. This study examined the effectiveness of the *Signs of Suicide (SOS)* prevention program in reducing suicidal behavior.

Method: 4133 students in 9 high schools in Columbus, Georgia, western Massachusetts, and Hartford, Connecticut were randomly assigned to intervention and control groups during the 2001–02 and 2002–03 school years. Self-administered questionnaires were completed by students in both groups approximately 3 months after program implementation.

Results: Significantly lower rates of suicide attempts and greater knowledge and more adaptive attitudes about depression and suicide were observed among students in the intervention group. Students' race/ethnicity, grade, and gender did not alter the impact of the intervention on any of the outcomes assessed in this analysis.

Conclusion: This study has confirmed preliminary analysis of Year 1 data with a larger and more racially and socio-economically diverse sample. *SOS* continues to be the only universal school-based suicide prevention program to demonstrate significant effects of self-reported suicide attempts in a study utilizing a randomized experimental design. Moreover, the beneficial effects of *SOS* were observed among high school-aged youth from diverse racial/ethnic backgrounds, highlighting the program's utility as a universal prevention program.”]

Full text at:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17640366>

“The Relationship between Self-Injurious Behavior and Suicide in a Young Adult Population.” By Janis Whitlock, Cornell University, and Kerry L. Knox, Rochester University. IN: Archives of Pediatric and Adolescent Medicine, vol. 161, no. 7 (July 2007) pp. 634-640.

[“Objective: To test the hypothesis that self-injurious behavior (SIB) signals an attempt to cope with psychological distress that may co-occur or lead to suicidal behaviors in individuals experiencing more distress than they can effectively mitigate.

Design: Analysis of a cross-sectional data set of college-age students in two universities in the northeastern United States in the spring of 2005.

Participants: A random sample of 8300 students was invited to participate in a Web-based survey; 3069 (37.0%) responded. Cases in which a majority of the responses were missing or in which SIB or suicide status was indeterminable were omitted, resulting in 2875 usable cases.

Main Outcome Measures: Main outcome was suicidality; adjusted odds ratios (AORs) for suicidality by SIB status when demographic characteristics, history of trauma, distress, informal help-seeking, and attraction to life are considered.

Results: One quarter of the sample reported SIB, suicidality, or both; 40.3% of those reporting SIB also report suicidality. Self-injurious behavior status was predictive of suicidality when controlling for demographic variables (AOR, 6.2; 95% confidence interval [CI], 4.9-7.8). Addition of trauma and distress variables attenuated this relationship (AOR, 3.7; 95% CI, 2.7-4.9). Compared with respondents reporting only suicidality, those also reporting SIB were more likely to report suicide ideation (AOR, 2.8; 95% CI, 2.0-3.8), plan (AOR, 5.6; 95% CI, 3.9-7.9), gesture (AOR, 7.3; 95% CI, 3.4-15.8), and attempt (AOR, 9.6; 95% CI, 5.4-17.1). Lifetime SIB frequency exhibits a curvilinear relationship to suicidality.

Conclusions: Since it is well established that SIB is not a suicidal gesture, many clinicians assume that suicide assessment is unnecessary. Our findings suggest that the presence of SIB should trigger suicide assessment.”]

Full text at: <http://archpedi.ama-assn.org/cgi/content/full/161/7/634>

“Screening as an Approach for Adolescent Suicide Prevention.” By Juan B. Pena and Eric D. Caine, University of Rochester Medical Center. IN: Suicide and Life-Threatening Behavior, vol. 36, no. 6 (December 2006) pp. 614-637.

[“Among the provisions of the recently signed Garrett Lee Smith Memorial Act, Congress called for the use of screening to detect adolescents who are at risk for suicide. After a review of the literature, 17 studies involving screening instruments and programs were identified. We addressed the question: What do we know about the demonstrated effectiveness and safety of screening as a tool or program to prevent suicide among

adolescents? While youth suicide screening programs offer the promise of improving identification for those who need treatment the most, further research is essential to understand how, when, where, and for whom screening programs can be used effectively and efficiently.” **Note: Contact CA State Library for copy of article.]**

“Early Evidence on the Effects of Regulators’ Suicidality Warnings on SSRI Prescriptions and Suicide in Children and Adolescents.” By Robert D. Gibbons, University of Illinois at Chicago, and others. IN: American Journal of Psychiatry, vol. 164, no. 9 (September 2007) pp. 1356-1363.

[“In 2003 and 2004, U. S. and European regulators issued public health warnings about a possible association between antidepressants and suicidal thinking and behavior. The authors assessed whether these warnings discouraged use of antidepressants in children and adolescents and whether they led to increases in suicide rates as a result of untreated depression.

The authors examined U.S. and Dutch data on prescription rates for selective serotonin reuptake inhibitors (SSRIs) from 2003 to 2005 in children and adolescents, using available data (through 2004 in the United States and through 2005 in the Netherlands)....

In both the United States and the Netherlands, SSRI prescriptions for children and adolescents decreased after U.S. and European regulatory agencies issued warnings about a possible suicide risk with antidepressant use in pediatric patients, and these decreases were associated with increases in suicide rates in children and adolescents.” **Note: Contact CA State Library for copy of article.]**

“Self-Injurious Thoughts and Behaviors Interview: Development, Reliability, and Validity in an Adolescent Sample.” By Matthew K. Nock and others, Harvard University. IN: Psychological Assessment, vol. 19, no. 3 (September 2007) pp. 309-317.

[“The authors developed the Self-Injurious Thoughts and Behaviors Interview (SITBI) and evaluated its psychometric properties. The SITBI is a structured interview that assesses the presence, frequency, and characteristics of a wide range of self-injurious thoughts and behaviors, including suicidal ideation, suicide plans, suicide gestures, suicide attempts, and nonsuicidal self-injury (NSSI). This initial study, based on the administration of the SITBI to 94 adolescents and young adults, suggested that the SITBI has strong interrater reliability and test-retest reliability, intraclass correlation coefficient over a 6-month period. Moreover, concurrent validity was demonstrated via strong correspondence between the SITBI and other measures of suicidal ideation, suicide attempt, and NSSI.

The authors concluded that the SITBI uniformly and comprehensively assesses a wide range of self-injury-related constructs and provides a new instrument that can be administered with relative ease in both research and clinical settings.”]

Full text: <http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=pas-19-3-309&site=ehost-live>

"Sexual Orientation and Risk Factors for Suicidal Ideation and Suicide Attempts among Adolescents and Young Adults." By Vincent M. B. Silenzio, Columbia University, and others. IN: American Journal of Public Health, vol. 97, no. 11 (November 2007) pp. 2017-2019.

["Same gender sexual orientation has been repeatedly shown to exert an independent influence on suicidal ideation and suicide attempts, suggesting that risk factors and markers may differ in relative importance between lesbian, gay, and bisexual individuals and others. Analyses of recent data from the National Logitudinal Study of Adolescent Health revealed that lesbian, gay, and bisexual respondents reported higher rates of suicidal ideation and suicide attempts than did heterosexual respondents and that drug use and depression were associated with adverse outcomes among heterosexual respondents but not among lesbian, gay, and bisexual respondents." **Note: This journal available for loan or contact the library for a copy of the article.**]

"Long-Term Associations of Childhood Suicide Ideation." By Catherine M. Herba, Erasmus Medical Center, Rotterdam, and others. IN: Journal of the American Academy of Child and Adolescent Psychiatry, vol. 46, no. 11 (November 2007) pp. 1473-1481.

["Objectives. The investigation in a prospective longitudinal population-based study whether childhood suicide ideation is associated with negative mental health outcome in adulthood. Method: A total of 1,022 Dutch children who were 11 years or younger in 1983 were prospectively followed over 10-14 years into adulthood. Parent reports of suicide ideation in childhood (11 years or younger, n=20) were examined in relation to mental health in adulthood assessed with a structured psychiatric interview (mood disorder, anxiety disorder, alcohol abuse/dependence, and externalizing disorder) and self reported suicide ideation and history of suicide attempt. Results: Childhood suicide ideation was highly predictive of suicide ideation in adulthood (odds ratio 10.70, 95% confidence interval 3.26-35.09), and lifetime history of suicide attempt (odds ratio 5.80, 95% confidence interval 1.53-22.02). Childhood suicide ideation was associated with an increased likelihood of mood disorder and anxiety disorder in adulthood and to a lesser extent externalizing disorder, although these effects decreased considerably after adjusting for childhood internalizing and externalizing behavior. Conclusions: Suicide ideation in childhood may be a stable characteristic with worrying consequences in adulthood. Children with parent-reported suicide ideation at a young age may require additional resources, age-appropriate intervention, and careful monitoring into adulthood." **Note: Journal is available for loan.**]

DEPRESSION

“Sex Differences in Clinical Predictors of Suicidal Acts after Major Depression: A Prospective Study.” By Maria A. Oquendo, New York State Psychiatric Institute, and others. IN: *The American Journal of Psychiatry*, vol. 164 (January 2007) pp. 134-141.

[“Whether sex differences exist in clinical risk factors associated with suicidal behavior is unknown. The authors postulated that among men with a major depressive episode, aggression, hostility, and history of substance misuse increase risk for future suicidal behavior, while depressive symptoms, childhood history of abuse, fewer reasons for living, and borderline personality disorder do so in depressed women. Patients with DSM-III-R major depression or bipolar disorder seeking treatment for a major depressive episode (N=314) were followed for 2 years. Putative predictors were tested with Cox proportional hazards regression analysis.

During follow-up, 16.6% of the patients attempted or committed suicide. Family history of suicidal acts, past drug use, cigarette smoking, borderline personality disorder, and early parental separation each more than tripled the risk of future suicidal acts in men. For women, the risk for future suicidal acts was six-fold greater for prior suicide attempters; each past attempt increased future risk threefold. Suicidal ideation, lethality of past attempts, hostility, subjective depressive symptoms, fewer reasons for living, co-morbid borderline personality disorder, and cigarette smoking also increased the risk of future suicidal acts for women. These findings suggest that the importance of risk factors for suicidal acts differs in depressed men and women. This knowledge may improve suicide risk evaluation and guide future research on suicide assessment and prevention.”]

Full text at: <http://ajp.psychiatryonline.org/cgi/content/full/164/1/134>

“Suicide Attempts among Patients Starting Depression Treatment with Medications or Psychotherapy.” By Gregory E. Simon and James Savarino, Center for Health Studies, Seattle, Washington. IN: *American Journal of Psychiatry*, vol. 164, no. 7 (July 2007) pp. 1029-1034.

[“This study compared the time patterns of suicide attempts among outpatients starting depression treatment with medication or psychotherapy....The overall incidence of suicide attempt was highest among patients receiving antidepressant prescriptions from psychiatrists, lower among those starting psychotherapy per 100,000, and lowest among those receiving antidepressant prescriptions in primary care per 100,000. The pattern of attempts over time was the same in all three groups: highest in the month before starting treatment, next highest in the month after starting treatment, next highest in the month after starting treatment, and declining thereafter. Results were unchanged after eliminating patients receiving overlapping treatment with medication and psychotherapy. Overall incidence of suicide attempt was higher in adolescents and young adults, but the time pattern was the same across all three treatments.

The pattern of suicide attempts before and after starting antidepressant treatment is not specific to medication. Differences between treatments and changes over time probably reflect referral patterns and the expected improvement in suicidal ideation after the start of treatment.”]

Full text at: <http://ajp.psychiatryonline.org/cgi/reprint/164/7/1029>

“Suicide Attempts among Patients Starting Depression Treatment with Medications or Psychotherapy.” By Gregory E. Simon and James Savarino, Center for Health Studies, Seattle, Washington. IN: *American Journal of Psychiatry*, vol. 164, no. 7 (July 2007) pp. 1029-1034.

[“This study compared the time patterns of suicide attempts among outpatients starting depression treatment with medication or psychotherapy....Overall incidence of suicide attempt was highest among patients receiving antidepressant prescriptions from psychiatrists(1,124 per 100,000), lower among those starting psychotherapy (778 per 100,000), and lowest among those receiving antidepressant prescriptions in primary care (301 per 100,000). The pattern of attempts over time was the same in all three groups: highest in the month before starting treatment, next highest in the month after starting treatment, and declining thereafter. Results were unchanged after eliminating patients receiving overlapping treatment with medication and psychotherapy. Overall incidence of suicide attempt was higher in adolescents and young adults, but the time pattern was the same across all three treatments.

Conclusions: The pattern of suicide attempts before and after starting antidepressant treatment is not specific to medication. Differences between treatments and changes over time probably reflect referral patterns and the expected improvement in suicidal ideation after the start of treatment.” **NOTE: Journal available for loan.]**

“Spillover Effects on Treatment of Adult Depression in Primary Care after FDA Advisory on Risk of Pediatric Suicidality with SSRIs.” By Robert J. Valuck, University of Colorado, and others. IN: *American Journal of Psychiatry*, vol. 164, no. 8 (August 2007) pp. 1198-1205.

[“In 2003, the U.S. Food and Drug Administration (FDA) issued a public health advisory about the risk of suicidality in pediatric patients taking selective serotonin reuptake inhibitors (SSRIs) for depression , and in 2005, the agency mandated a black box warning and medication guide indicating that pediatric and adult patients may be at risk. The authors examine the effects of this pediatric policy on treatment of adult depression in the community.” **Note: Contact CA State Library for copy of article.]**

ELDERLY

“Suicide in Older Adults: Nursing Assessment of Suicide Risk.” By Linda Garand, University of Pittsburg, and others. IN: *Issues in Mental Health Nursing*, vol. 27, no. 4 (May 2006) pp. 355-370.

[“A fundamental objective of the National Strategy for Suicide Prevention is the prevention of suicide in older adults, especially elderly males, because these individuals are at higher risk for suicide than any other age group. Furthermore, they are the fastest growing segment of the population. The suicide rates for older Caucasian men are particularly high.

Because nurses play an important role in the identification of persons at risk for suicide, it is important that they be cognizant of the complex risk factors involved in late life suicide. Toward that end, we review the prevalence of suicidal behaviors in older adults and discuss risk factors that contribute to completed suicide in these individuals. Lastly, we discuss the role of nurses in the identification of older adults at risk for suicidal behavior so that life-saving treatment measures can be implemented.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2006-05148-004&site=ehost-live>

“Explaining Cross-State Differences in Elderly Suicide Rates and Identifying State-Level Public Policy Responses that Reduce Rates.” By Jean Giles-Sims and Charles Lockhart, Texas Christian University. IN: Suicide and Life-Threatening Behavior, vol. 36, no. 6 (December 2006) pp. 694-708.

[“Elderly Americans commit suicide at higher rates than other age groups. We contend that macro- and micro-social variables contribute distinct aspects to explanations of this tragic loss: the former focus on circumstances that affect overall rates, the latter reveal why certain individuals succumb to suicide. Our analysis focuses on the macro-social end of a causal sequence including variables at both levels. We describe how elderly suicide rates vary among states, show that macro social indicators of social integration contribute to cross-state variation in elderly suicide rates, and explain how selected aspects of state-level public policy contribute to reducing elderly suicide rates.” **Note: Contact CA State Library for copy of article.]**

“Suicidal Ideation among Elderly Homecare Patients.” By Patrick J. Raue and others, Cornell University. IN: International Journal of Geriatric Psychiatry, vol. 22, no. 1 (January 2007). pp. 32-37.

[“Objective: To identify the prevalence, correlates, and one-year naturalistic course of suicidal ideation in a representative sample of elderly adults newly admitted to visiting nurse homecare. Method: Five hundred and thirty-nine participants (aged ≥ 65), newly initiating homecare for skilled nursing services, were interviewed with the Structured Clinical Interview for DSM-IV (SCID-IV) and measures of depression severity, medical comorbidity, functional status, and social support. Participants were classified as having no suicidal ideation in the past month, passive ideation, active ideation, or active ideation with poor impulse control or suicide plan.

Results: Fifty-seven participants (10.6%) reported passive and six (1.2%) reported active suicidal ideation. Higher depression severity, greater medical comorbidity, and lower subjective social support were independently associated with the presence of any level of suicidal ideation. At one year, suicidal ideation persisted for 36.7% of those with ideation at baseline, and the incidence of suicide ideation was 5.4% Conclusions The high prevalence, persistence, and incidence of suicidal ideation in medically ill home healthcare patients underscore the relevance of this population for suicide prevention efforts. The clinical and psychosocial factors associated with suicidal ideation in this underserved, high-risk population are potentially modifiable and thus useful targets for suicide prevention interventions.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=23488715&site=ehost-live>

“A Common Casualty of Old Age: The Will to Live.” By Jane E. Brody. IN: The New York Times, Science Desk Section (November 27, 2007) 7.

[“Suicide is more common among older Americans than any other age group. The statistics are daunting. While people 65 and older account for 12 percent of the population, they represent 16 percent to 25 percent of the suicides. Four out of five suicides in older adults are men. And among white men over 85, the suicide rate -- 50 per 100,000 men -- is six times that of the general population.

Yet, says Dr. Gary J. Kennedy, director of geriatric psychiatry at Montefiore Medical Center in the Bronx, ‘If you consider only major depression as the antecedent of elder suicide, you’ll miss 20 to 40 percent of cases in which there is no sign of mental illness.’

Dr. Kennedy, who is also affiliated with Albert Einstein College of Medicine, recently directed a symposium in New York on preventing suicide in older adults, designed to alert both mental health and primary care practitioners to the often subtle signs that an older person may try to end it all.” **NOTE: Copy of article can be obtained from the**

CRIMINAL JUSTICE SYSTEM

“Suicide in Recently Released Prisoners: A Population-Based Cohort Study.” By Daniel Pratt, University of Manchester, and others. IN: Lancet, vol. 368, no. 9530 (July 8, 2006) pp. 119-123.

[“Several studies have been undertaken on suicide in custody, but few on suicides after the release from prison. We undertook a population-based cohort study to investigate suicide rates in recently released prisoners in England and Wales. Methods we used the database of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness for England and Wales to identify all individuals who died by suicide or who received an open verdict at the coroner’s inquest between 2000 and 2002. These records were linked to a Home Office register to identify all such deaths in people within 1 year of release from prison in England and Wales. We compared suicide rates per

100,000 person-years in these released prisoners with rates in the general population by using the indirectly age-standardised mortality ratio.

We identified 382 suicides occurring in 244,988 individuals within 1 year of release from prison; a suicide rate of 156 per 100,000 person-years. 79 (21%) suicides occurred within the first 28 days after release. In all age groups, suicide rates were higher in recently released prisoners than in the general population....

Recently released prisoners are at a much greater risk of suicide than the general population, especially in the first few weeks after release. The risk of suicide in recently released prisoners is approaching that seen in discharged psychiatric patients. A shared responsibility lies with the prison, probation, health, and social services to develop more collaborative practices in providing services for this high-risk group.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=21491269&site=ehost-live>

“Inhalant Use and Suicidality among Incarcerated Youth.” By S. Freedenthal, University of Denver, and others. IN: Drug and Alcohol Dependence, vol. 90, no. 1 (September 2007) pp. 81-88.

[“Studies consistently indicate that inhalant use is associated with increased mental health problems in adolescents, but few investigations have focused on the potential relationship of inhalant use to suicidality (ideation or attempt). This study examined how different levels of volatile solvent use relate to suicidal ideation and attempted suicide among 723 incarcerated youth (mean age=15.5, S.D. =1.2; 87% male) in Missouri, and whether any associations between solvent use and suicidality differ by gender.

In bivariate analyses, severity of inhalant use was positively associated with histories of suicidal ideation and suicide attempt for both boys and girls. In multivariate analyses, inhalant use disorders remained significantly associated with suicidal ideation and suicide attempt histories even after adjusting for general level of psychiatric symptoms, prior trauma, other substance use, gender, and additional potential confounders. Inhalant use without abuse or dependence also significantly related to suicidal ideation in multivariate analyses, but an interaction between gender and inhalant use signified this relationship was stronger for girls.

Inhalant use disorders in incarcerated youth, as well as inhalant use without abuse or dependence (particularly in girls), may signal elevated suicide risk. Suicide risk assessments should, therefore, include questions about inhalation of volatile solvents such as paint, gasoline, and household cleaners.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermT>

MINORITIES

“Suicide Attempts Among Adolescent Mexican American Students Enrolled in Special Education Classes.” By Catherine Medina and Gaye Luna, Northern Arizona University. IN: *Adolescence*, vol. 41, no. 162 (Summer 2006) pp. 299-312.

[“Suicide is the second leading cause of death among school-aged students between the ages of 15 and 19. There is an increasing frequency of suicide and other self-destructive behaviors among Mexican American youth and students in special education classrooms for emotional and behavioral disabilities.

Recognizing Mexican American youth in special education classes as a separate risk group, this study (a) identifies factors that contribute to suicide, (b) reviews the signs and characteristics associated with these factors, (c) interviews Mexican American students in special education who have either exhibited various characteristics of suicidal thoughts and/or have attempted suicide, (d) explores effective prevention programs, and (e) provides suggestions for school personnel. Interviews with five adolescent Mexican American special education students support previous research findings that depression, substance abuse, social and interpersonal conflict, family distress, and school stress are primary characteristics related to suicidal minority youth.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=22251596&site=ehost-live>

“A Review of Rates, Risk Factors and Methods of Self Harm among Minority Ethnic Groups in the UK: A Systematic Review.” By Kamaldeep Bhui, Queen Mary’s School of Medicine and Dentistry, and others. IN: *BMC Public Health*, vol. 7 (November 19, 2007) pp. 1-34.

[“Studies suggest that the rates of self harm vary by ethnic group, but the evidence for variation in risk factors has not been synthesised to inform preventive initiatives.

Methods We undertook a systematic literature review of research about self harm that compared at least two ethnic groups in the United Kingdom.

Results: 25 publications from 1765 titles and abstracts met our inclusion criteria. There was higher rate of self harm among South Asian women, compared with South Asian men and White women. In a pooled estimate from two studies, compared to their white counterparts, Asian women were more likely to self harm (Relative Risk 1.4, 95%CI: 1.1 to 1.8, $p=0.005$), and Asian men were less likely to self harm (RR 0.5, 95% CI: 0.4 to 0.7, $p<0.001$). Some studies concluded that South Asian adults self-harm impulsively in response to life events rather than in association with a psychiatric illness. Studies of

adolescents showed similar methods of self harm and interpersonal disputes with parents and friends across ethnic groups. There were few studies of people of Caribbean, African and other minority ethnic groups, few studies took a population based and prospective design and few investigated self harm among prisoners, asylum seekers and refugees.

Conclusions: This review finds some ethnic differences in the nature and presentation of self harm. This argues for ethnic specific preventive actions. However, the literature does not comprehensively cover the UK's diverse ethnic groups.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-2458-7-336.pdf>

“Prevalence of and risk factors for lifetime suicide attempts among blacks in the United States.” By Joe S. Baser, University of Michigan, and others. IN: *Journal of American Medical Association*, vol. 296, no. 17 (Nov 2006) pp. 2112-2123.

[“The authors of this study state that “Lack of data on the lifetime prevalence and age at onset of suicide ideation, plans, and attempts among blacks in the United States limits the creation and evaluation of interventions to reduce suicide among black Americans. This study was set up to examine the prevalence and correlates of suicide ideation, planning, and attempts across 2 ethnic classifications of blacks in a nationally representative sample. Data was collected from the National Survey of American Life, a national household probability sample of 5181 black respondents aged 18 years and older, conducted between February 2001 and June 2003, using a slightly modified adaptation of the World Health Organization World Mental Health version of the Composite International Diagnostic Interview. The survey respondents, categorized as African Americans and Caribbean Americans, reported lifetime prevalence of 11.7% for suicide ideation and 4.15 for attempts. The study documents the burden of nonfatal suicidality among US blacks, notably Caribbean black men, and individuals making planned attempts. The authors indicate that advancing research on the transition from suicide planning to attempt is vital to the efficacy of health care professionals’ ability to screen blacks at risk for suicide.” **NOTE: Journal available for loan]**

OTHER ISSUES

“Suicide Risk in Schizophrenia: Learning from the Past to Change the Future.” By Maurizio Pompili, “Sapienza” University, Rome, Italy, and others. IN: *Annals of General Psychiatry*, vol. 6, no. 10 (March 16, 2007) pp. 1-22.

[“Suicide is a major cause of death among patients with schizophrenia. Research indicates that at least 5-13% of schizophrenic patients die by suicide, and it is likely that the higher end of range is the most accurate estimate. There is almost total agreement that the schizophrenic patient who is more likely to commit suicide is a young, male, white and never married, with good premorbid function, post-psychotic depression and a history of substance abuse and suicide attempts. Hopelessness, social isolation, hospitalization, deteriorating health after a high level of premorbid functioning, recent loss or rejection, limited external support, and family stress or instability are risk factors for suicide in patients with schizophrenia.

Suicidal schizophrenics usually fear further mental deterioration, and they experience either excessive treatment dependence or loss of faith in treatment. Awareness of illness has been reported as a major issue among suicidal schizophrenic patients, yet some researchers argue that insight into the illness does not increase suicide risk. Protective factors play also an important role in assessing suicide risk and should also be carefully evaluated. The neurobiological perspective offers a new approach for understanding self-destructive behavior among patients with schizophrenia and may improve the accuracy of screening schizophrenics for suicide. Although, there is a general consensus on the risk factors, accurate knowledge as well as early recognition of patients at risk is still lacking in everyday clinical practice.

This review paper is the result of a joint effort between researchers in the field of suicide in schizophrenia. Each expert provided a brief essay on one specific aspect of the problem. This is the first attempt to present a consensus report as well as the development of a set of guidelines for reducing suicide risk among schizophrenia patients.”]

Full text at: <http://www.annals-general-psychiatry.com/content/pdf/1744-859X-6-10.pdf>

“Panic Disorder and Suicidal Ideation in Primary Care.” By Daniel J. Pilowsky, Columbia University, and others. IN: Depression & Anxiety, vol. 23, no. 1 (2006) pp. 11-16.

[“The purpose of this study was to ascertain whether panic disorder (PD) and suicidal ideation are associated in an inner-city primary care clinic and whether this association remains significant after controlling for commonly co-occurring psychiatric disorders. The authors surveyed 2,043 patients attending a primary care clinic using the Primary Care Evaluation of Mental Disorders (PRIME-MD) Patient Health Questionnaire, a screening instrument that yields provisional diagnoses of selected psychiatric disorders. We estimated the prevalence of current suicidal ideation and of common psychiatric disorders including panic disorder and major depression.

A provisional diagnosis of current PD was received by 127 patients (6.2%). After adjusting for potential confounders (age, gender, major depressive disorder [MDD], generalized anxiety disorder, and substance use disorders), patients with PD were about twice as likely to present with current suicidal ideation, as compared to those without PD. After adjusting for PD and the above-mentioned potential confounders, patients with MDD had a sevenfold increase in the odds of suicidal ideation, as compared to those without MDD.

Primary care patients with PD are at high risk for suicidal ideation, and patients with PD and co-occurring MDD are at especially high risk. PD patients in primary care thus should be assessed routinely for suicidal ideation and depression.” **Note: Contact the CA State Library for copy of article.]**

“A Shot in the Dark: Failing to Recognize the Link between Physical and Mental Illness.” By Tammy R. Copsy Spring, Virginia Commonwealth Medical Center, and others. IN: *Journal of General Internal Medicine*, vol. 22, no. 5 (May 2007) pp. 677-680.

[“A 74-year-old widowed white man with chronic rheumatoid arthritis presented with nausea and weight loss. He was diagnosed with failure to thrive and admitted for hydration. Misoprostol was determined to be the etiology of his symptoms and he was discharged home. Three days later, he killed himself with a gunshot to the head. Clinicians often fail to recognize those at high risk for suicide.

Suicidal risk is increased in both psychiatric and physical illness, and particularly when both are present. Psychiatric illness, particularly depression, often underlies chronic medical illness. The purpose of this case report is to remind health care providers of the strong association between depression and chronic medical illness, and to consider this in all patients, including those who present solely with physical symptoms. Recognizing this association and screening for it, as recommended by the U.S. Preventive Services Task Force, may prevent the unnecessary tragedy of suicide.”]

Full text at:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17443378>

“Let’s Not Talk About It: Suicide Inquiry in Primary Care.” By Mitchell D. Feldman, University of California, San Francisco, and others. IN: *Annals of Family Medicine*, vol. 5, no. 5 (September/October 2007) pp. 412-417.

[“The purpose of this study was to ascertain physician characteristics associated with exploring suicidality in patients with depressive symptoms and the influence of patient antidepressant requests.

Primary care physicians were randomly recruited from 4 sites in northern California and Rochester, NY; 152 physicians participated. Standardized patients portraying 2 conditions (Major depression and adjustment disorder) and 3 antidepressant request types (brand specific, general, or none) made unannounced visits to these physicians between May 2003 and May 2004. We examined factors associated with physician exploration of suicidality.

Conclusions reached from study were: when seeing patients with depressive symptoms, primary care physicians do not consistently inquire about suicidality. Their inquiries into suicidal thinking may be enhanced through advertising or public service messaging that prompts patients to ask for help. Research is needed to further elucidate physician characteristics associated with the assessment of suicidality.”]

Full text at: <http://www.annfammed.org/cgi/reprint/5/5/412>

“Suicide in Deaf Populations: A Literature Review.” By Oliver Turner, University of Manchester, United Kingdom, and others. IN: BioMedical Central: Annals of General Psychiatry, vol. 6, no. 26 (October 5, 2007) pp. 1-18.

[“Studies have found that deaf individuals have higher rates of psychiatric disorder than those who are hearing, while at the same time encountering difficulties in accessing mental health services. These factors might increase the risk of suicide. However, the burden of suicidal behaviour in deaf people is currently unknown. The aim of the present review was to provide a summary of literature on suicidal behaviour with specific reference to deaf individuals. The objectives of the review were to establish the incidence and prevalence of suicidal behaviour in deaf populations; describe risk factors for suicidal behaviour in deaf populations; describe approaches to intervention and suicide prevention that have been used in deaf populations.”]

Full text at: <http://www.annals-general-psychiatry.com/content/pdf/1744-859x-6-26.pdf>

“Communication of Suicide Intent by Schizophrenic Subjects: Data from the Queensland Suicide Register.” By Diego De Leo and Helen Klieve, Australian Institute for Suicide Research and Prevention. IN: International Journal of Mental Health Systems, vol. 1, no. 6 (October 31, 2007) pp. 1-6.

[“Background: Suicide in mentally ill subjects, like schizophrenics, remains unbearably frequent in Australia and elsewhere. Since these patients are known to constitute a high-risk group, suicide in them should be amongst the most preventable ones. The objective of this study is to investigate the frequency of suicide communication in subjects with reported history of schizophrenia who completed suicide.

Method: The Queensland Suicide Register (QSR) was utilised to identify suicide cases. Frequency of suicide communication was examined in subjects with schizophrenia, and compared with persons with other psychiatric conditions and with subjects with no reported diagnosis. Socio-demographic variables, history of suicidal behaviour, pharmacological treatment and mental health service utilisation were also compared among the three groups.

Results and discussion: Subjects with a reported diagnosis of schizophrenia comprised 7.2% (n = 135) of the 1,863 suicides included in this study. Subjects with schizophrenia and those with other psychiatric disorders communicated their suicide intent more frequently than those with no psychiatric diagnosis, and persons with schizophrenia communicated their intent more than those with other psychiatric diagnoses. Seventy one per cent of schizophrenia subjects had contact with a mental health professional within the three months prior to suicide.

Conclusions: The fact that subjects with schizophrenia had the highest prevalence of suicide intent communication could offer concrete opportunities for suicide prevention.”]

Full text at: <http://www.ijmhs.com/content/pdf/1752-4458-1-6.pdf>

“Predictors of Suicide Attempters in Substance-Dependent Patients: A Six-Year Prospective Follow-Up.” By Kjell Bakken, Innlandet Hospital Trust, Norway, and Per Vaglum, University of Oslo, Norway. IN: *BMC Clinical Practice and Epidemiology in Mental Health*, vol. 3, no. 20 (October 10, 2007) pp. 1-35.

[“This is a six-year prospective follow-up of a former cross sectional study of suicide attempters in a sample of treatment-seeking substance-dependent patients. The aims were to explore the frequency of patients with new suicide attempts (SA) during the six-year observation period, and to explore the predictive value of lifetime Axis I and II disorders, measured at index admission, on SA in the observation period, when age, gender and substance-use variables, measured both at admission and at follow-up, were controlled for.

A consecutive sample of 156 alcohol-dependent and 131 poly-substance-dependent inpatients and outpatients in two Norwegian counties were assessed at index admission (T1) with the Composite International Diagnostic Interview (Axis I disorders), Millon's Clinical Multiaxial Inventory (Axis II disorders) and Hopkins Symptom Checklist-25 (mental distress). At follow-up six years later (T2), 56% (160/287 subjects, 29% women) were assessed using the HSCL-25 and measures of harmful substance use (Alcohol Use Disorders Identification Test and Drug Use Disorders Identification Test).

The prevalence of patients with SA between T1 and T2 was 19% (30/160), with no difference between sexes or between patient type (alcohol-dependent versus poly-substance-dependent). Sober patients also attempted suicide. At the index admission, lifetime eating disorders, agoraphobia with and without panic disorder, and major depression were significantly and independently associated with SA. Prospectively, only lifetime dysthymia increased the risk of SA during the following six years, whereas lifetime generalized anxiety disorder reduced the risk of SA. Individually, neither the numbers of Axis I and Axis II disorders nor the sum of these disorders were independently related to SA in the observation period. Substance use measured at T1 did not predict SA in the follow-up period, nor did harmful use of substances at follow-up or in the preceding year.

A high prevalence of SA was found six years later, both in patients still abusing substances and in sober patients. To prevent SA, treatment of both affective disorders and substance abuse is important.”]

Full text at: <http://www.cpementalhealth.com/content/pdf/1745-0179-3-20.pdf>

“Psychiatric Assessment of Suicide Attempters in Japan: A Pilot Study at a Critical Emergency Unit in an Urban Area.” By Tomoki Yamada, Yokohama City University Medical Center, and others. IN: *BMC Psychiatry*, vol. 7, no. 64 (November 7, 2007) pp. 1-33.

[“The incidence of suicide has increased markedly in Japan since 1998. As

psychological autopsy is not generally accepted in Japan, surveys of suicide attempts, an established risk factor of suicide, are highly regarded. We have carried out this study to gain insight into the psychiatric aspects of those attempting suicide in Japan.

Methods: Three hundred and twenty consecutive cases of attempted suicide who were admitted to an urban emergency department were interviewed, with the focus on psychosocial background and DSM-IV diagnosis. Moreover, they were divided into two groups according to the method of attempted suicide in terms of lethality, and the two groups were compared.

Results: Ninety-five percent of patients received a psychiatric diagnosis: 81% of subjects met the criteria for an axis I disorder. The most frequent diagnosis was mood disorder. The mean age was higher and living alone more common in the high-lethality group. Middle-aged men tended to have a higher prevalence of mood disorders.

Conclusion: This is the first large-scale study of cases of attempted suicide since the dramatic increase in suicides began in Japan. The identification and introduction of treatments for psychiatric disorders at emergency departments has been indicated to be important in suicide prevention.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-244x-7-64.pdf>

“Working with Suicidal Clients Using the Collaborative Assessment and Management of Suicidality (CAMS).” By David A. Jobes, Catholic University of America, and others. IN: Journal of Mental Health Counseling, vol. 29, no. 4 (October 2007) pp. 283-300.

[“The Collaborative Assessment and Management of Suicidality (CAMS) was developed to modify clinician behaviors in how they initially identify, engage, assess, conceptualize, treatment plan, and manage suicidal outpatients. This approach integrates a range of theoretical orientations into a structured clinical format emphasizing the importance of the counselor and client working together to elucidate and understand the ‘functional’ role of suicidal thoughts and behaviors from the client's perspective. Based on clinical research in various outpatient settings, CAMS provides mental health counselors with a novel clinical approach that is tailored to a suicidal client's idiosyncratic needs thereby insuring the effective clinical assessment, treatment, and tracking of high risk suicidal clients.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27329697&site=ehost-live>

Holiday Suicide Link: Newspapers Turn the Corner. By the Annenberg Public Policy Center of the University of Pennsylvania. (The Center, Philadelphia, Pennsylvania) November 19, 2007. 4 p.

[“Newspapers are close to putting to rest the myth that the holidays increase the risk of suicide. A new study shows a dramatic drop in articles that – despite having no basis in fact – attribute the arrival of the holiday season with an uptick in suicides.

An analysis of newspaper reporting released today by the Annenberg Public Policy Center shows that only nine percent of articles written during last year’s holiday season (2006-2007) about suicides perpetuated the myth. That represents a statistically significant drop from the previous holiday period when more than 50 percent supported the myth. The majority of last season’s stories debunked the myth.

The rate of suicide in the U.S. is lowest in December, and peaks in the spring and fall. Data collected by the National Center for Health Statistics (see Figure 1 below) show that this pattern has not changed through 2004, the most recent year for which national data are available. The Annenberg Public Policy Center of the University of Pennsylvania has been tracking holiday suicide reporting since 2000 when it released its first press alert on newspaper coverage of the myth.”]

Full Text at:

http://www.annenbergpublicpolicycenter.org/Downloads/Releases/Release_HolidaySuicide_111907/suicidereleasenov152007final.pdf

SUICIDAL BEHAVIORS

“Familial Pathways to Early-Onset Suicidal Behavior: Familial and Individual Antecedents of Suicidal Behavior.” By Nadine M. Melhem, Western Psychiatric Institute Clinic, and others. **IN: American Journal of Psychiatry, vol. 164, no. 9 (September 2007) pp. 1364-1370.**

[“The authors sought to identify clinical predictors of new-onset suicidal behavior in children of parents with a history of mood disorder and suicidal behavior. Method: In a prospective study of offspring of parents with mood disorders, 365 offspring (average age, 20 years) of 203 parents were followed for up to 6 years. Offspring with incident suicide attempts or emergency referrals for suicidal ideation or behavior ("incident events") were compared with offspring without such events on demographic and clinical characteristics. Multivariate analyses were conducted to examine predictors of incident events and predictors of time to incident event.

Results: Offspring of probands who had made suicide attempts, compared with offspring of parents with mood disorders who had not made attempts, had a higher rate of incident suicide attempts (4.1% versus 0.6%, relative risk=6.5) as well as overall suicidal events (8.3% versus 1.9%, relative risk=4.4). Mood disorder and self-reported impulsive aggression in offspring and a history of sexual abuse and self-reported depression in parents predicted earlier time to, and greater hazard of, an incident suicidal event.

Conclusions: In offspring of parents with mood disorders, precursors of early-onset suicidal behavior include mood disorder and impulsive aggression as well as parental

history of suicide attempt, sexual abuse, and self-reported depression. These results suggest that efforts to prevent the familial transmission of early-onset suicidal behavior by targeting these domains could reduce the morbidity of suicidal behavior in high-risk youths.” **Note: Contact CA State Library for copy of article.]**

“Rebuilding the Tower of Babel: A Revised Nomenclature for the Study of Suicide and Suicidal Behaviors Part 1: Background, Rationale, and Methodology.” By Morton M. Silverman, University of Chicago, and others. **IN: Suicide and Life-Threatening Behavior, vol. 37, no. 3 (June 2007) pp. 322-337.**

[“Since the publication of the O’Carroll et al. (1996) nomenclature for suicidology, there have been a number of published letters and articles, as well as an active e-mail dialogue, in response to, and elaborating upon, this effort to establish a standard nomenclature for suicidology. This new nomenclature has been presented on a number of occasions at both national and international meetings. In this paper we provide the background, rationale, and methodology involved in the process of revising the O’Carroll et al. nomenclature, based on the feedback and discussions that have ensued over the past 10 years.” **Note: Contact CA State Library for copy of article.]**

SUICIDE PREVENTION STRATEGIES

“An Exploration of National Calls to Lifeline Australia: Social Support or Urgent Suicide Intervention?” By Robert Watson, University of Ballarat, Australia, and others. **IN: British Journal of Guidance & Counselling, vol. 34, no. 4 (November 2006) pp. 471-482.**

[“Lifeline Australia Inc. provides a free 24-hour telephone counselling and referral service to all Australians. The trained telephone counsellors of the service record information on many of their calls in Lifeline's Client Service Management Information System (CSMIS).

This paper presents a descriptive summary of a national CSMIS data set, which was compiled during a 3-month period in 2003. The CSMIS data provided a clear national profile of the callers to the service. The results of this study support the hypothesis that callers are generally seeking social support from the service. The discussion explores the implications of this finding for Lifeline and other generalist counselling and referral services and their capacity to offer suicide intervention to the community.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=22897487&site=ehost-live>

“The Challenge of Suicide Prevention: An Overview of National Strategies.” By Martin Anderson, University of Nottingham, and Rachel Jenkins, WHO Collaborating Centre for Research and Training for Mental Health. **IN: Disease Management & Health Outcomes, vol. 13, no. 4 (August 2005) pp. 245-253.**

[“Suicide is a global phenomenon. It is estimated that 0.5–1.2 million people worldwide die by suicide each year. Taking into account the global epidemiologic data concerning suicide and the economic impact of this phenomenon on diverse societies, this review aims to examine national suicide prevention strategies. Recognition of suicide as an international public health problem, increased reporting by countries on suicide rates to the WHO, and recognition of the costs (associated with suicide) to society have been crucial influences on the establishment of national strategies. Past reviews on national suicide prevention strategies highlight the fact that those countries with established national strategies share a number of themes relating to intervention. These are grounded in international guidance on suicide prevention and accepted epidemiologic and treatment-based research.

This paper highlights comparative rates of suicide around the world, explores the economic implications of suicide and the nature of specific established national strategies for prevention. This paper highlights the urgency for the development of national suicide prevention strategies in all countries. Clearly, countries can learn from each other and integrate established, shared themes. It is argued that nations need to move towards nation-specified prevention strategies with effective structures for research, monitoring, and evaluation. This has been seen in countries such as Finland and New Zealand, where strategies have been effective in building inter-agency working and so benefiting different stake-holders.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=17715626&site=ehost-live>

“Measuring Prevention Programs: Are We Making A Difference.” By Alan Brown, Arizona State University. IN: Public Management (PM), vol. 89, no. 2 (March 2007) pp. 43-44.

[“Results, accountability, benchmarks, best practices, effectiveness...these are some of the foremost trends and challenges in government today. Whether they constitute the mantra of some people intent on cutting programs to reduce taxes or whether they are flags flown by hopeful public managers seeking new solutions to ongoing human service failures, it is certain that the time has come for a change.

Prevention programs and strategies, as well as other public sector initiatives, have suffered from limited investment in rigorous program evaluation. Some people even perpetuate the notion that prevention cannot be evaluated (for instance, how can you measure what doesn't occur as having been prevented?). In spite of these views, science has advanced. Now more is known about helpful; prevention and other human service strategies, but we don't yet know enough to cover all priority-target populations and community settings.

Developing a comprehensive performance and resource management system is a process for policymakers to go through as they review and judge the effectiveness of publicly funded programs. Such a system requires (1) a strategic policy agenda, (2) a professional development system, (3) a portfolio of effective programs, and (4) accountability machinery. At the heart of accountability is the selection and measurement of the right indicators. As such, that is the focus of this article.” **NOTE: Journal is available for loan.]**

“Prevention of Suicide.” By J. John Mann and Dianne Currier, New York Psychiatric Institute. IN: Psychiatric Annals, vol. 37, no. 5 (May 2007) pp. 331-339.

[“The article discusses issues related to suicide prevention. According to the authors, 30,000 suicide cases are reported in the U.S. annually, and men commit suicide more frequently than women. There are two broad categories of suicide attempts. Risk factors for suicidal behavior include psychiatric disorders, pessimism and a history of child abuse. Clinical strategies for the prevention of suicide are described....

Studies comparing suicides to non-suicides, or suicide attempters to non-attempters, have identified many factors associated with suicidal behavior, including biological, genetic, clinical, and psychological factors. Given the multi-causal nature of suicidal behavior, an explanatory model can assist in understanding the interaction of risk factors and protective factors and, thus, also identify points at which preventive interventions can be made.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=25121489&site=ehost-live>

“Suicide Prevention Strategies: A Systematic Review.” By J. John Mann, New York State Psychiatric Institute, and others. IN: Journal of the American Medical Association, vol. 294, no. 16 (October 26, 2005) pp. 2064-2074.

[“In 2002, an estimated 877,000 lives were lost worldwide through suicide. Some developed nations have implemented national suicide prevention plans. Although these plans generally propose multiple interventions, their effectiveness is rarely evaluated.”

The objective of this paper is “to examine evidence for the effectiveness of specific suicide-preventive interventions and to make recommendations for future prevention programs and research”....

Conclusions reached indicate that “physician education in depression recognition and treatment and restricting access to lethal methods reduce suicide rates. Other interventions need more evidence of efficacy. Ascertaining which components of suicide prevention programs are effective in reducing rates of suicide and suicide attempt is essential in order to optimize use of limited resources.”] **NOTE: The Journal of the American Medical Association is available for loan.**

“Analysis of National Toll Free Suicide Crisis Line in South Africa.” By Sue-Ann Meehan, Stirco Research Services, and Yvonne Broom, University of Witwatersrand, Johannesburg. IN: *Suicide and Life-Threatening Behavior*, vol. 37, no. 1 (February 2007) pp. 66-78.

[“The first national toll free suicide crisis line for South Africa was launched in October 2003 with the aim of providing a service dedicated to the prevention of suicide in this country. The intervention was motivated by South Africa's suicide rate which had risen higher than the global suicide rate, with the majority of attempted suicides occurring among people younger than 35 years of age (WHO, 2002). Demographic characteristics of callers were identified to evaluate the perceived helpfulness of this crisis line, so as to inform planning and implementation of future suicide prevention programs. Results showed that the majority of callers were female; between the ages of 16 and 18 years; and lived in the provinces of Gauteng, North West, or KwaZulu Natal. Callers were more likely to be from urban than rural areas; were still at school, unemployed, or studying at a tertiary institution; and had not previously attempted **suicide**. The majority of participants did perceive the crisis line as helpful. The continued collection of demographic data from the crisis line is recommended so that South Africa can create an updated database of areas and sectors of the population that require suicide intervention, and for planning and implementing suicide prevention programs in this country.”]

Full text at: <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2007-04801-008&site=ehost-live>

“Ethical, Legal, and Practical Issues in the Control and Regulation of Suicide Promotion and Assistance over the Internet.” By Brian Mishara, University of Quebec at Montreal, and David N. Weisstub, University of Montreal. IN: *Suicide and Life-Threatening Behavior*, vol. 37, no. 1 (February 2007) pp. 58-65.

[“The promotion of suicide and description of suicide methods on the Internet have led to widespread concern that legal control is mandated. Apart from value concerns pertaining to attitudes about suicide, the guarantee of freedom of expression presents a serious challenge to the introduction of restrictive laws. Recent developments in Australia and Europe are presented, noting jurisdictional complexity as an obstacle to effective application. Finally, scientific data of an epidemiological nature are revealed to be insufficient to warrant making causal assertions about the Internet and its relation to suicidal acts, including those of vulnerable populations. Recommendations are made with respect to public education, suicide prevention, and future research.”]

Full text at: <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2007-04801-007&site=ehost-live>

“Establishing Standards for the Assessment of Suicide Risk among Callers to the National Suicide Prevention Lifeline.” By Thomas Joiner, Florida State University, and others. IN: *Suicide and Life-Threatening Behavior*, vol. 37, no. 3 (June 2007) pp. 353-364.

[“The National Suicide Prevention Lifeline was launched in January 2005. Lifeline, supported by a federal grant from the Substance Abuse and Mental Health Services Administration, consists of a network of more than 120 crisis centers located in communities across the county that are committed to suicide prevention. Lifeline’s Certification and Training Subcommittee conducted an extensive review of research and field practices that yielded the Lifeline’s Suicide Risk Assessment Standards. The authors of the current paper provide the background on the need for these standards; describe the process that produced them; summarize the research and rationale supporting the standards; review how these standard assessment principles and their subcomponents can be weighted in relation to one another so as to effectively guide crisis hotline workers in their everyday assessments of callers to Lifeline; and discuss the implementation process that will be provided by Lifeline.” **Note: Contact CA State Library for copy of article.]**

“Prediction and Prevention of Suicide in Patients with Unipolar Depression and Anxiety.” By Xenia Gonda, National Institute of Psychiatry and Neurology, Budapest, Hungary, and others. IN: Annals of General Psychiatry, vol. 6, no. 23 (September 2007) pp. 1-17.

[“Epidemiological data suggest that between 59 and 87% of suicide victims suffered from major depression while up to 15% of these patients will eventually commit suicide. Male gender, previous suicide attempt(s), comorbid mental disorders, adverse life-situation, acute psycho-social stressors etc. also constitute robust risk factors. Anxiety and minor depression present with a low to moderate increase in suicide risk but anxiety-depression comorbidity increases this risk dramatically.

Contrary to the traditional psychoanalytic approach which considers suicide as a retrospective murder or an aggression turned in-wards, more recent studies suggest that the motivations to commit suicide may vary and are often too obscure. Neurobiological data suggest that low brain serotonin activity might play a key role along with the tryptophan hydroxylase gene. Social factors include social support networks, religion etc.

It is proven that most suicide victims had asked for professional help just before committing suicide, however they were either not diagnosed (particularly males) or the treatment they received was inappropriate or inadequate. The conclusion is that promoting suicide prevention requires the improving of training and skills of both psychiatrists and many non-psychiatrists and especially GPs in recognizing and treating depression and anxiety....The proper use of antidepressants, after a careful diagnostic evaluation, is important and recent studies suggest that successful acute and long-term antidepressant pharmacotherapy reduces suicide morbidity and mortality.”]

Full text at: <http://www.annals-general-psychiatry.com/content/pdf/1744-859X-6-23.pdf>

"The Contribution to Suicide Prevention of Restricting Access to Methods and Sites." By Annette Beautrais, University of Otago, New Zealand. IN: Crisis: the

Journal of Crisis Intervention and Suicide Prevention, vol. 28, Supplement 1 (2007) pp.1-3.

["There is now a large body of research literature suggesting that restricting access to a particular method of suicide may successfully reduce suicides by that method. However, the extent to which reductions in rates of suicide by one method that is restricted are paralleled by reductions in overall suicide rates is less clear, and this has led to debates about the extent to which restriction of one method may lead to substitution through an equally lethal method. While the risk of substitution has often been used as an argument against restricting access to specific methods of suicide, even in cases in which substitution may occur, method restriction may still be justified. In particular, if it becomes apparent that some particular feature of the environment facilitates or encourages suicidal behavior it may be ethical to remove access to that feature even though there is a risk of substitution.

The accumulated evidence suggests that restricting access to a wide range of means and sites of suicide can be an effective, relatively simple approach to suicide prevention--an approach that is, perhaps, sometimes undervalued. At the very least, restriction of method should be considered as one component of any integrated plan for local, regional, and national suicide prevention. This journal supplement presents a series of papers focusing on specific means of suicide and discusses, for each method, current developments in restricting access to that method and the impact thereof on suicide."]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=cri-28-s1-1&site=ehost-live>

“Familial Pathways to Suicidal Behavior—Understanding and Preventing Suicide among Adolescents.” By David A. Brent, Pittsburg School of Medicine, and John J. Mann, Columbia University. IN: *New England Journal of Medicine*, vol. 355, no. 26 (December 28, 2006) pp. 2719-2721.

["The article examines the characteristics and predisposition of suicidal behavior among adolescents, with particular focus on a stress-diathesis model for adults proposed by the authors that may help prevent and explain suicide among youth. Relevant factors behind suicidal behavior that are discussed include familial transmission and genetic vulnerability, impulsive aggression, and neuron-cognitive deficits in various functions such as problem solving and working memory. A chart illustrating the proposed model that details early-onset suicidal characteristics and behavior is presented." (NOTE: **Journal available for loan**)]

VETERANS

“Suicide Prevention Program in the Army of Serbia and Montenegro.” By Dedic J. Gordona, and Panic Milivoje, Department of Mental Health, Military Medical Academy, Belgrade. IN: *Military Medicine*, vol. 172, no. 5 (May 2007) pp. 551-555.

[“Suicide, as one of the greatest problems of maladjustment to the military environment, has been a subject of investigation in the Army of Serbia and Montenegro (former Yugoslav Army) for more than six decades. The Suicide Prevention Program was implemented in December 2003. The aim of the study was to follow-up the application of the Suicide Prevention Program in the Army of Serbia and Montenegro and its effect on the suicide rate and to compare its incidence in civilians.

Results of the program application showed that the number of suicides in the Army of Serbia and Montenegro was constantly reducing over the period 2004 to 2005. For soldiers, it was even four times less than in the civilian male population, particularly in the period of adaptation to the military environment. Since the Suicide Prevention Program in the Army of Serbia and Montenegro proved to be successful in decreasing the suicide number, it should be further improved and routinely applied.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=25223014&site=ehost-live>

Healthcare Inspection: Implementing VHA’s Mental Health Strategic Plan Initiatives for Suicide Prevention. By Department of Veteran Affairs Office of Inspector General. Report No.06-03706-126. (VA Office of Inspector General, Washington, DC) May 10, 2007. 79 p.

[“In response to a request from a member of the U.S. House of Representatives, Committee on Veteran’s Affairs, The Office of the Inspector General (OIG) undertook an assessment of Veterans Health Administration’s (VHA’s) progress in implementing initiatives for suicide prevention from *A Comprehensive VHA Strategic Plan for Mental Health Services*. Centers for Disease Control and Prevention (CDC) data indicate that in 2004 there were 32,439 known completed suicides in the United States, which accounted for 1.4 percent of overall deaths....

There are approximately 25 million veterans in the United States, and 5 million veterans who receive care within VHA. Based on CDC data indicating suicide rates in men between 20 and 65 approximating 20 per 100,000 per year and not controlling for VHA population specific epidemiologic factors, VHA mental health officials estimate 1,000 suicides per year among veterans receiving care within VHA and as many as 5,000 per year among all living veterans.

In this report we review what is known about the characteristics, nature, and rates of suicide. We also summarize related reports from the Surgeon General of the United States, the Institute of Medicine, and the President’s New Freedom Commission on Mental Health, as well as *A Comprehensive VHA Strategic Plan for Mental Health Services*, known generally as VHA’s Mental Health Strategic Plan (MHSP).”]

Full text at: <http://www.va.gov/oig/54/reports/VAOIG-06-03706-126.pdf>

“Specific Symptoms Predict Suicidal Ideation in Vietnam Combat Veterans with Chronic Post-Traumatic Stress Disorder.” By Jordan B. Bell, Edith Nourse Rogers Memorial VA Medical Center, and Ella C. Nye, New Mexico Veterans Affairs Health Care System. IN: *Military Medicine*, vol. 172, no. 11 (November 2007) pp.1144-1147.

[“Previous research documented the elevated risk of suicide and suicidal ideation among Vietnam veterans with post-traumatic stress disorder (PTSD). The aim of the current study was to examine which Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; PTSD symptom clusters are most associated with suicidal ideation in this population. Fifty Vietnam combat veterans enrolled in treatment for PTSD responded to the Beck Scale for Suicide Ideation and were interviewed with the Clinician-Administered PTSD Scale. In linear regression analysis, it was found that the reexperiencing symptom cluster was significantly associated with suicidal ideation but the other two symptom clusters (avoidance/numbing and increased arousal) were not. Furthermore, scores on a measure of severity of combat exposure were not found to be significantly related to PTSD symptoms or suicidal ideation. The results of this study suggest the importance of reexperiencing symptoms for predicting which individuals with combat-related PTSD are most at risk for suicidal ideation and behavior.”]

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27554863&site=ehost-live>