

ACTION PAPER

TITLE: Suicide Prevention Work Group

WHEREAS:

When considering the epidemiology of suicide, the World Health Organization continues to address the phenomenon of suicide as a worldwide issue affecting a diverse array of individuals. Suicide is the second greatest cause of premature death in individuals ages 15-29, and the third greatest in those ages 15-44 worldwide.¹

On June 7, 2018, the Centers for Disease Control and Prevention (CDC) issued a press release stating that suicide rates were rising across the United States. According to the CDC, almost every State saw a rate increase of at least 6%. Suicide is currently the 10th leading cause of death in the U.S.²

Older adults are increasingly becoming high-risk population. According to the CDC, in 2015 there were 11,193 deaths attributed to suicide of individuals between the ages 60 and 85+, approximately 17% of the total population within that age range.³

Among sexes, both men and women of most racial and ethnic groups have seen an increase in suicide rates in 2014.⁴ American Indian and White women are the two leading groups, with an 89% and respectively 60% increase. Similarly, the largest rate increase among men was found in American Indian (38%) and White (28%).⁶

Adolescence suicidal ideation rate is at approximately 15–25% with a wide range of severity. Lifetime estimates of suicide attempts among boys ranges from 1.3–3.8%, and 1.5–10.1% among girls. It is speculated that the number of adolescent suicide attempts may be underestimated due to treatment avoidance or inaccurate documentation.⁵

Drug addiction is closely tied to suicide. Approximately 40% of patients seeking assistance with substance dependence have reported at least one suicide attempt. Addiction and suicide have been found to co-occur with major life stressors, such as marital discord, loss of employment, and financial stress. Such factors, in combination with personality traits and major mental illnesses (i.e., depression, bipolar, PTSD), contribute to the fatality of suicide.⁷

Those with less education, less social support, and fewer jobs are at higher risk. A number of specific groups are found to be at increased risk: First responders, military service members, those with a history of trauma, individuals who are incarcerated, those in locked hospital units, minorities, the homeless, and refugees. In addition to the demographics involved, there are biological, hereditary, and cognitive risk factors. Suicide is therefore a global problem affecting individuals from a variety of socio-economic, cultural, and genetic backgrounds with complex risk factors.⁸

BE IT RESOLVED:

That the American Psychiatric Association will develop a Suicide Prevention Work Group.

That the Suicide Prevention Work Group will be comprised of one designated council member from each of the thirteen councils to reflect the various population that a council represents.

That the role of the Suicide Prevention Work Group will be the development of a suicide prevention strategic plan. In order to develop this plan, the Suicide Prevention Work Group can consult external expertise, not limited to APA members, and decide in what capacity such consultation should be effectuated.

That the Suicide Prevention Work Group would take in consideration the following when developing the suicide prevention strategic plan:

1. Identify and examine data on issues related to suicide within the population that each council represents
2. Understand the barriers and incentives to suicide prevention care of council populations
3. Consider suicide prevention strategies targeted to the nuances of each population that each council represents
4. Identify strategies to enhance existing and foster new long-term partnerships among both the for-profit and non-profit sectors

That the suicide prevention strategic plan will be at the behest of the Suicide Prevention Work Group to ensure flexibility and self-management.

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ESTIMATED COST:

Author: \$ 2,646

APA: Leave Blank

ESTIMATED SAVINGS: TBD

ESTIMATED REVENUE GENERATED: TBD

ENDORSED BY:

KEY WORDS: suicide prevention, suicide taskforce, media campaign, education

APA STRATEGIC PRIORITIES:

Advancing Psychiatry

Education

REVIEWED BY RELEVANT APA COMPONENT:

References:

1. Franklin et al. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychol Bull.* 2017 Feb;143(2):187-232.
2. Suicide rates rising across the U.S. Centers for Disease Control and Prevention. 2018 Jun 7.
3. Szanto, et al. Research to reduce the suicide rate among older adults: methodology roadblocks and promising paradigms. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3742079/>
4. 2015, United States Suicide Injury Deaths and Rates per 100,000. <https://webappa.cdc.gov/cgi-bin/broker.exe>.
5. Bridge, et al. Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry* 47:3/4 (2006), pp 372–394.
6. Curtin et al. (2016). Suicide rates for females and males by race and ethnicity: United States, 1999 and 2014. 2016 April.
7. Yuodelis-Flores, Ries. Addiction and suicide: a review. 02 February 2015. <https://onlinelibrary.wiley.com/doi/abs/10.1111/ajad.12185>.
8. Bachmann, S. (2018). Epidemiology of Suicide and the Psychiatric Perspective. *Int J Environ Res Public Health.* 2018 Jul 6;15(7).