rethinking suicide

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Learning Objectives

1. Explain discrepancies in studies examining rates of mental health conditions among suicide decedents.
2. Describe the multiple pathways model of suicide
3. Identify evidence-based interventions for suicide and self-injury
4. Describe the prevention through design model

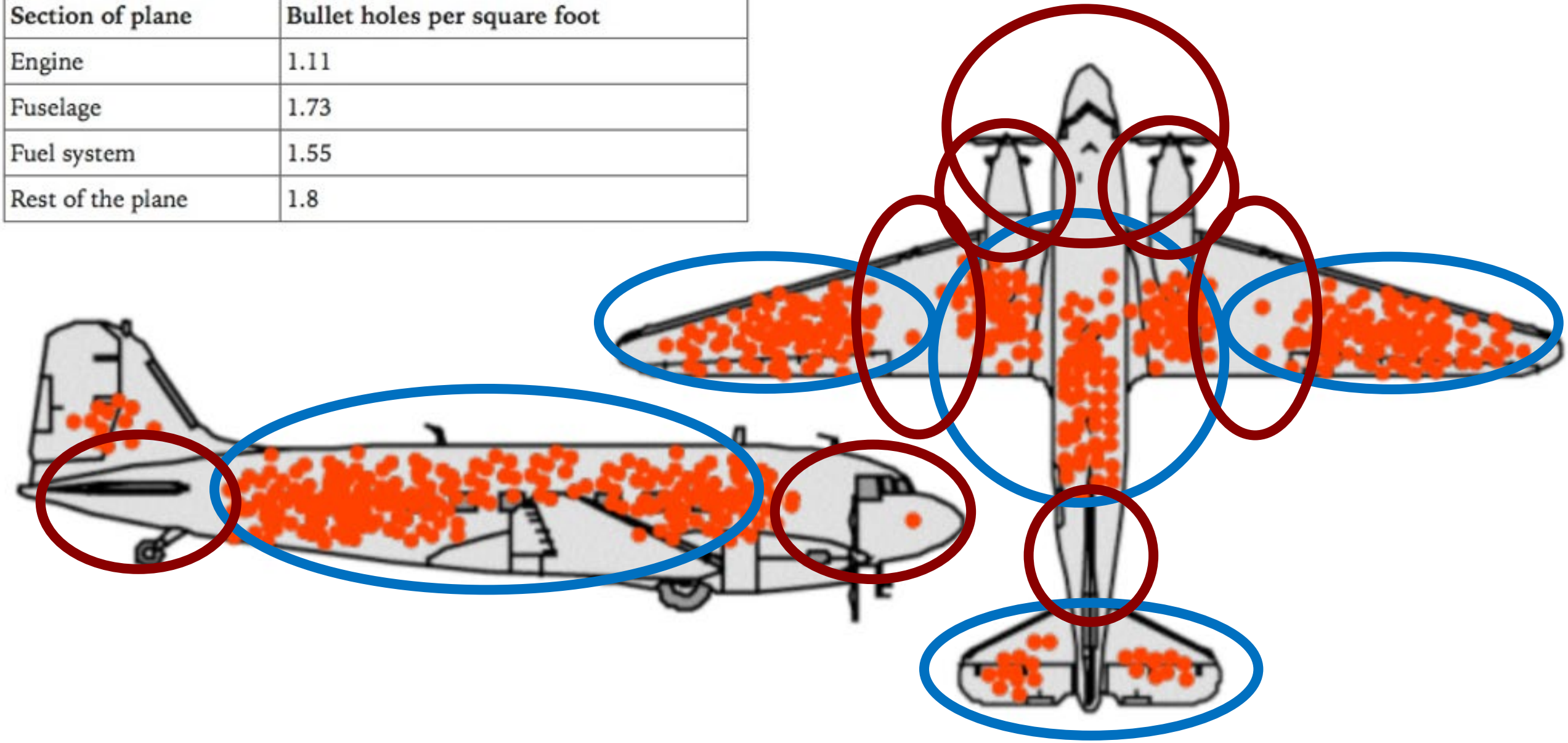
Conflict of Interest Disclosures

Grants	Department of Defense, National Institute of Mental Health, The Boeing Company, Bob Woodruff Foundation, USAA Foundation
Consulting	Oui Therapeutics, LLC
Ownership	Anduril, LLC
Royalties	Oxford University Press, Guilford Publishing, Springer Publishing, Taylor & Francis Group, PESI

(Photo Credit:Konrad Jacobs, Erlangen / Mathematisches Forschungsinstitut Oberwolfach CC BY-SA 2.0 de)

(Photo Credit: Martin Grandjean [vector], McGeddon [picture], Cameron Moll [concept] CC BY-SA 4.0)

Section of plane	Bullet holes per square foot
Engine	1.11
Fuselage	1.73
Fuel system	1.55
Rest of the plane	1.8



(Image Credit: Cameron Moll, http://cameronmoll.com/journal/abraham-wald-red-bullet-holes-origin-story)

(Photo Credit:Steve Jones, https://www.americanairmuseum.com/archive/media/upl-28432)

(Photo Credit: U.S. Air Force, https://www.nationalmuseum.af.mil/Visit/Museum-Exhibits/Fact-Sheets/Display/Article/196178/lady-be-good/)

We need to fundamentally rethink how we approach suicide prevention

Fundamentally rethinking suicide prevention

#1

Suicide is not (always) caused by mental illness

CDC data:
46% of suicide decedents have known mental health condition

Psych autopsy studies:
90% of suicide decedents have mental health condition

Centers for Disease Control Web-based Injury Statistics Query and Reporting System

Psychological Bulletin
2017, Vol. 143, No. 2, 187–232

0033-2909/17/$12.00 http://dx.doi.org/10.1037/bul0000084

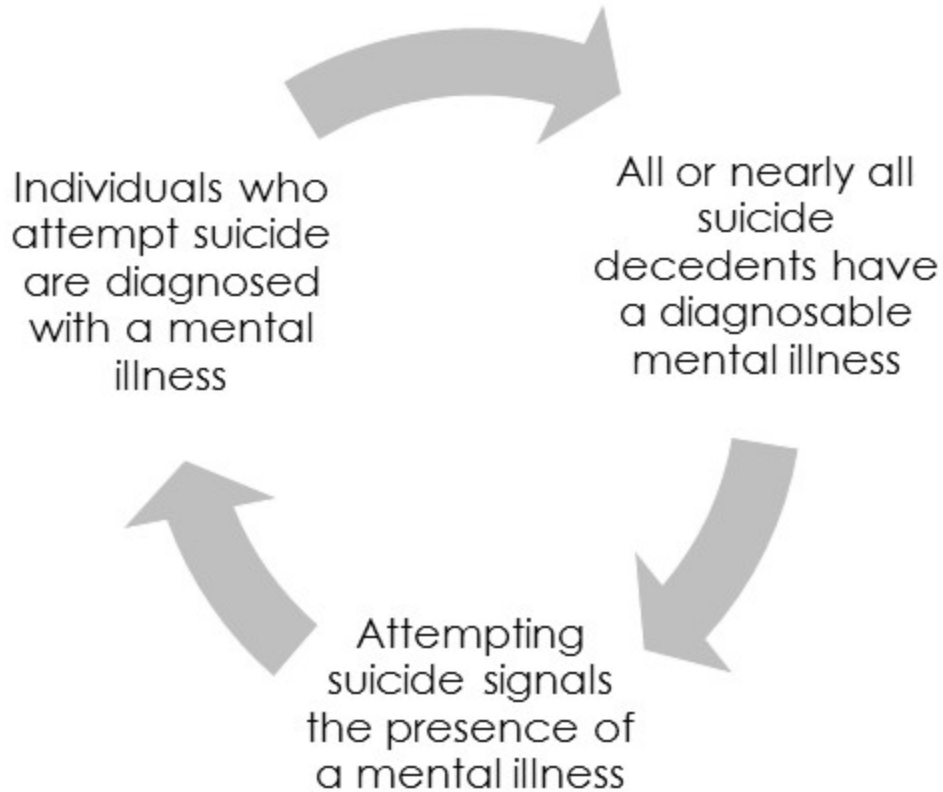
Risk Factors for Suicidal Thoughts and Behaviors: A Meta-Analysis of 50 Years of Research

Table 6
Weighted Hazard Ratio and Diagnostic Accuracy Results Across Suicide Attempt and Death Outcomes by Each Broad Risk Factor Category

	Suicide attempt				Suicide death			
Category	*n*	*wHR* (95% CI)	*n*	*wAUC* (*SE*)	*n*	*wHR* (95% CI)	*n*	*wAUC* (*SE*)
Biology	4	—	14	.61* (.03)	9	1.30 (.99, 1.69)	16	.58 (.05)
Screeners	1	—	1	—	—	—	3	—
Cognitive problems	—	—	—	—	—	—	1	—
Demographics	19	1.52 (1.26, 1.82)	34	.55* (.02)	126	1.33 (1.23, 1.44)	66	.55* (.02)
Externalizing	37	1.37 (1.24, 1.42)	44	.57* (.02)	49	1.57 (1.32, 1.87)	33	.46 (.07)
Family history	2	—	17	.57* (.02)	2	—	14	.53 (.04)
General Psychopathology	5	1.02 (.90, 1.15)	20	.60* (.03)	10	2.51 (1.49, 4.24)	12	.64 (.07)
Implicit/explicit	—	—	1	—	3	—	—	—
Internalizing	50	1.17 (1.12, 1.22)	106	.59* (.02)	38	1.71 (1.56, 1.88)	94	.55* (.02)
Normal personality	—	—	—	—	—	—	1	—
Physical illness	2	—	4	—	35	1.78 (1.49, 2.12)	12	.61 (.07)
Psychosis	4	—	23	.49 (.05)	2	—	22	.61 (.07)
Prior SITBs	26	1.25 (1.17, 1.34)	52	.61* (.02)	35	2.82 (2.22, 3.60)	42	.59* (.03)
SITB exposure	—	—	1	—	—	—	—	—
Social factors	33	2.10 (1.73, 2.55)	40	.61* (.02)	29	1.17 (.99, 1.38)	25	.66* (.03)
Treatment history	9	2.74 (1.65, 4.55)	15	.51 (.05)	8	2.70 (1.79, 4.08)	17	.67* (.06)

Note. *wHR* = weighted hazard ratio; *wAUC* = weighted area under the curve. Confidence intervals for *wHR*s that did not include 1.0 were statistically significant. As with odds ratio analyses, only analyses that included at least five effect sizes are presented.
* A statistically significant weighted AUC.

Franklin et al. (2017)

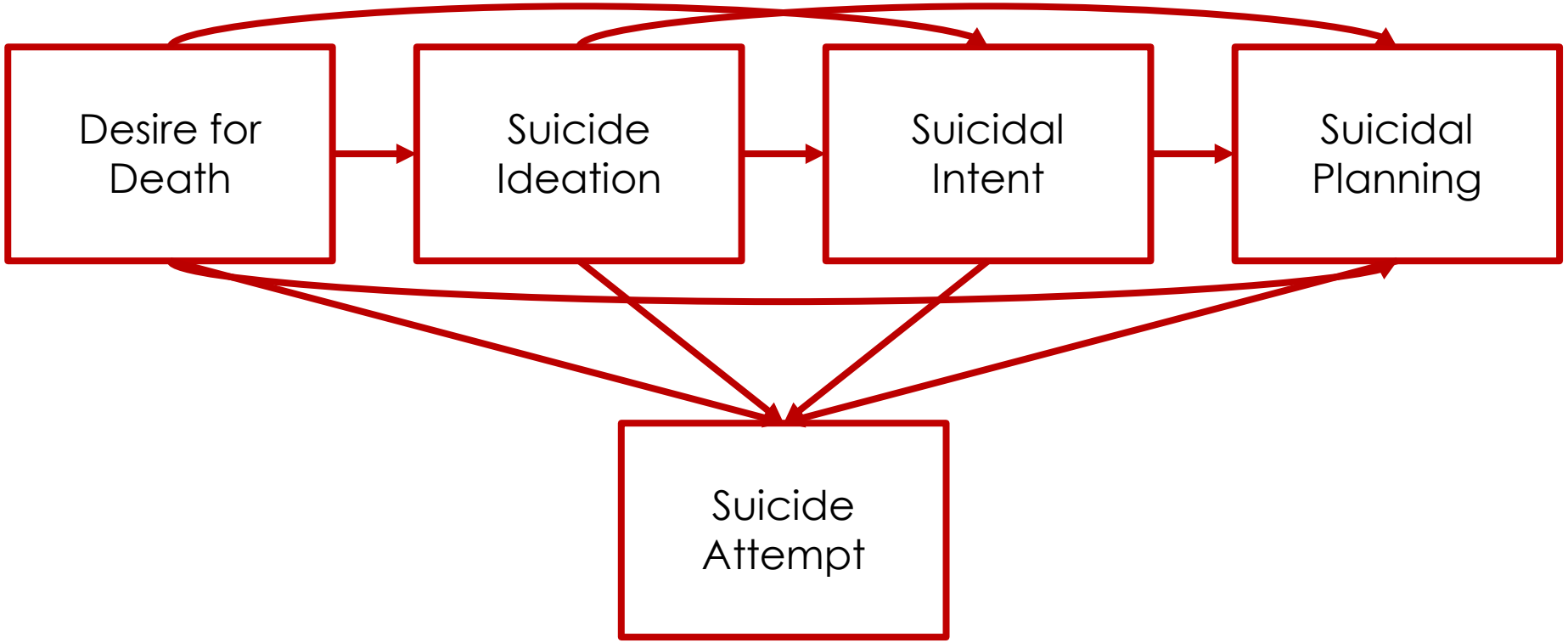

All or nearly all suicide decedents have a diagnosable mental illness
Attempting suicide signals the presence of a mental illness
Individuals who attempt suicide are diagnosed with a mental illness

Fundamentally rethinking suicide prevention

#2

Suicide is not always preceded by suicidal ideation


Desire for Death
Suicide Ideation
Suicidal Intent
Suicidal Planning
Suicide Attempt


Desire for Death
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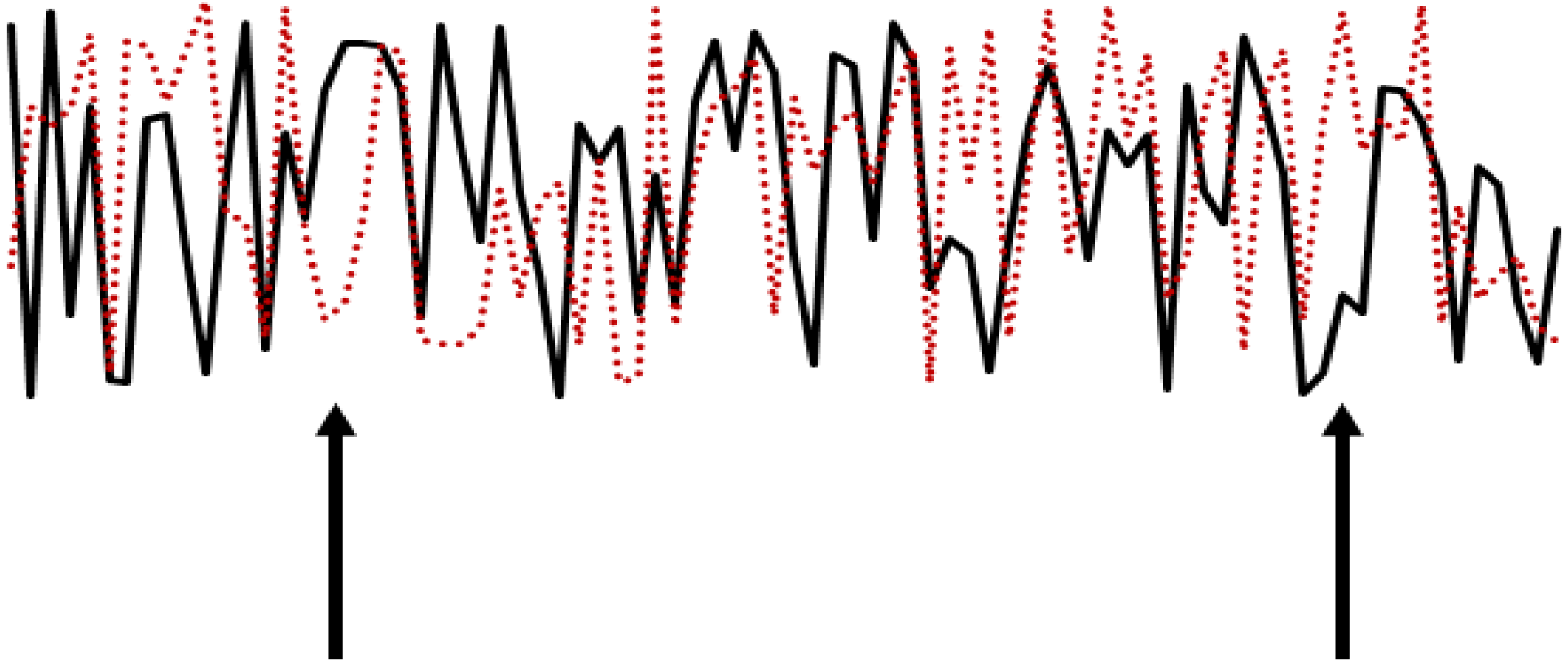

Over 50%

of suicide decedents
deny suicide ideation or do not mention suicidal thoughts
in the time leading up to their deaths

Bryan et al., 2016; Busch et al., 2003; Coombs et al., 1992; Hall et al., 1999; Kovacs et al., 1976

Suicide Cognitions Scale-Revised (SCS-R)

Instructions: The following 16 statements are intended to assess your beliefs about your current problems. Please read each statement carefully and circle the number that best describes how **you feel right now**. Remember to rate each item and circle only one number for each item.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The world would be better off without me.	0	1	2	3	4
2. I can't stand this pain anymore.	0	1	2	3	4
3. I've never been successful at anything	0	1	2	3	4
4. I can't tolerate being this upset any longer.	0	1	2	3	4
5. I can never be forgiven for the mistakes I have made.	0	1	2	3	4
6. No one can help solve my problems.	0	1	2	3	4
7. It is unbearable when I get this upset.	0	1	2	3	4
8. I am completely unworthy of love.	0	1	2	3	4
9. Nothing can help solve my problems.	0	1	2	3	4
10. It is impossible to describe how badly I feel.	0	1	2	3	4
11. I can't cope with my problems any longer.	0	1	2	3	4
12. I can't imagine anyone being able to withstand this kind of pain.	0	1	2	3	4
13. There is nothing redeeming about me.	0	1	2	3	4
14. I don't deserve to live another moment.	0	1	2	3	4
15. I would rather die now than feel this unbearable pain.	0	1	2	3	4
16. No one is as loathsome as me.	0	1	2	3	4

SCS Research Findings

- Distinguishes outpatients with history of attempts vs. history of ideation and history of NSSI
- Prospectively predicts suicide attempts as well as/better than SI
- Among patients denying SI or thoughts of death, identifies those who will subsequently attempt suicide
- Among patients endorsing SI, distinguishes those who will attempt suicide from those who will not

Bryan et al. (2014); Bryan et al. (2016); Bryan et al. (2020); Rudd & Bryan (2021)

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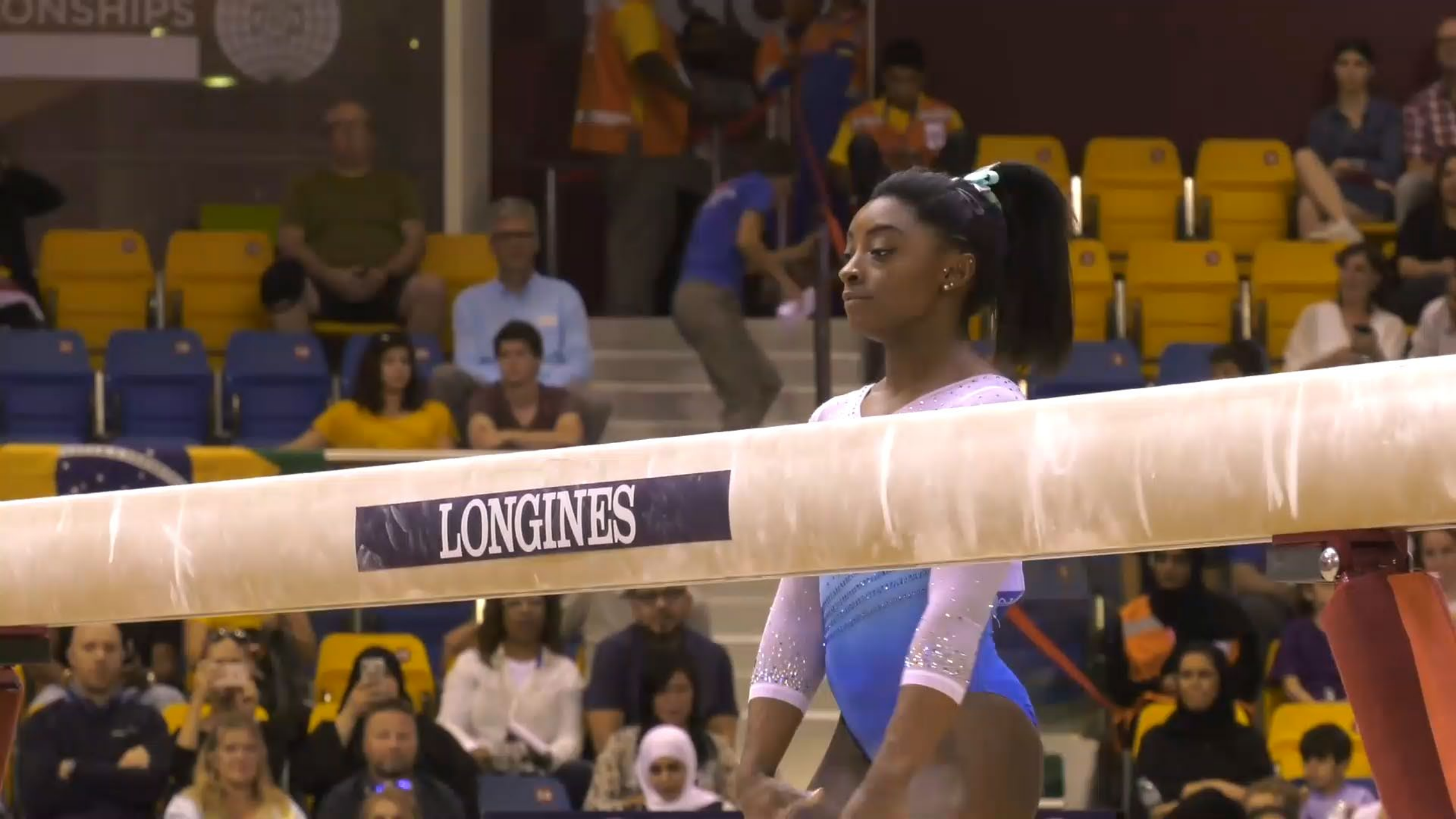
#3

Suicide is not always preceded by observable or actionable warning signs


LONGINES

(Image Credit: USA Gymnastics, https://www.youtube.com/watch?v=-YNxLz1pd-0)

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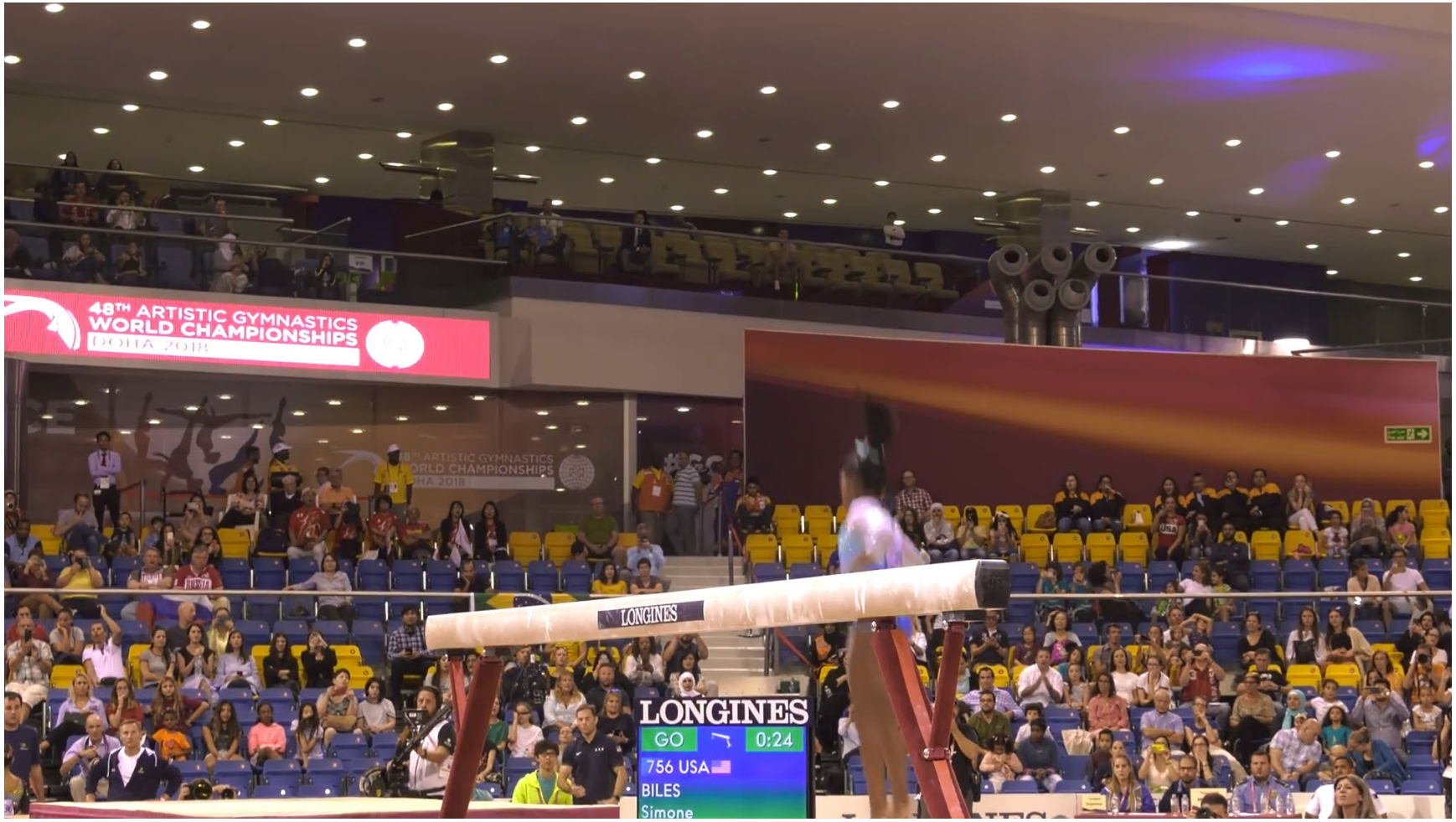

(Image Credit: USA Gymnastics, https://www.youtube.com/watch?v=-YNxLz1pd-0)

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#4

Some treatments are better than others, but only when used properly

AMERICAN PSYCHOLOGICAL ASSOCIATION

Psychological Bulletin

ISSN: 0033-2909

http://dx.doi.org/10.1037/bul0000305

Interventions for Suicide and Self-Injury: A Meta-Analysis of Randomized Controlled Trials Across Nearly 50 Years of Research

Specific intervention type		
Medication only	816	0.94 [0.90, 0.99]
CT/CBT	52	0.81 [0.70, 0.93]
Eclectic psychotherapy	21	0.93 [0.78, 1.10]
DBT	29	0.98 [0.83, 1.17]
Psychotherapy and medication combined	80	0.80 [0.69, 0.92]
Checking-in programs	29	0.87 [0.75, 1.00]
Psychoanalysis/insight-based therapy	5	0.84 [0.63, 1.13]
Problem solving therapy	6	0.66 [0.45, 0.97]
Safety planning/means safety	3[a]	—
Inpatient hospitalization	0[a]	—
Other	145	0.94 [0.89, 1.00]

SAFETY PLAN

Step 1: Warning signs:

1. Suicidal thoughts and feeling worthless and hopeless
2. Urges to drink
3. Intense arguing with girlfriend

Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:

1. Play the guitar
2. Watch sports on television
3. Work out

Step 3: Social situations and people that can help to distract me:

1. AA Meeting
2. Joe Smith (cousin)
3. Local Coffee Shop

Step 4: People who I can ask for help:

1. Name Mother Phone 333-8666
2. Name AA Sponsor (Frank) Phone 333-7215

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name Dr John Jones Phone 333-7000
   Clinician Pager or Emergency Contact # 555 822-9999
2. Clinician Name Phone
   Clinician Pager or Emergency Contact #
3. Local Hospital ED City Hospital Center
   Local Hospital ED Address 222 Main St
   Local Hospital ED Phone 333-9000
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK

Making the environment safe:

1. Keep only a small amount of pills in home
2. Don't keep alcohol in home
3.

Warning Signs: pacing
feeling irritable
thinking "it'll never get better"

- go for a walk 10 mins
- watch Friends episodes
- play with my dog
- think about my kids
  - vacation to beach in Florida
  - Christmas Day 2012
- call/text my Mom or Jennifer
- call Dr. Brown: 555-555-5555
  - leave msg w/ name, time, phone #
- 1-800-273-TALK
- go to hospital
- call 911

avoid others
"What's the point?"
Not wanting to get out of bed

get a cup of coffee
listen to Jazz music
spend time with my dog
text michelle
think about kids

Call my therapist 555-555-5555
call the crisis line 1-800-273-talk press #1 for Veterans
call 911
go to hospital

① crying
② getting angry
③ wanting to hit things
④ argument w/ wife

~~① videogames~~
② woodwork in garage
③ go for walk
④ breathing 10 mins
⑤ talk to Bill
⑥ Dr. Smith: 555-555-5555 (voicemail)
⑦ Hotline: 1-800-273-8255
⑧ Hospital or 911

⑤ photography
⑥ writing
⑦ games on phone
⑧ listen to music (uplifting)

Structure of BCBT

Phase I

Emotion Regulation

Session 1
Intake
Narrative Risk Assessment
Crisis Response Plan
Means Safety Counseling

Sessions 2-5
Treatment Plan
Sleep Disturbance
Relaxation / Mindfulness
Reasons for Living
Survival Kit

Phase II

Cognitive Flexibility

Sessions 6-10
ABC Worksheets
Challenging Questions
Patterns of Problem Thinking
Activity Planning
Coping Cards

Phase III

Relapse Prevention

Sessions 11-12
Relapse Prevention Task

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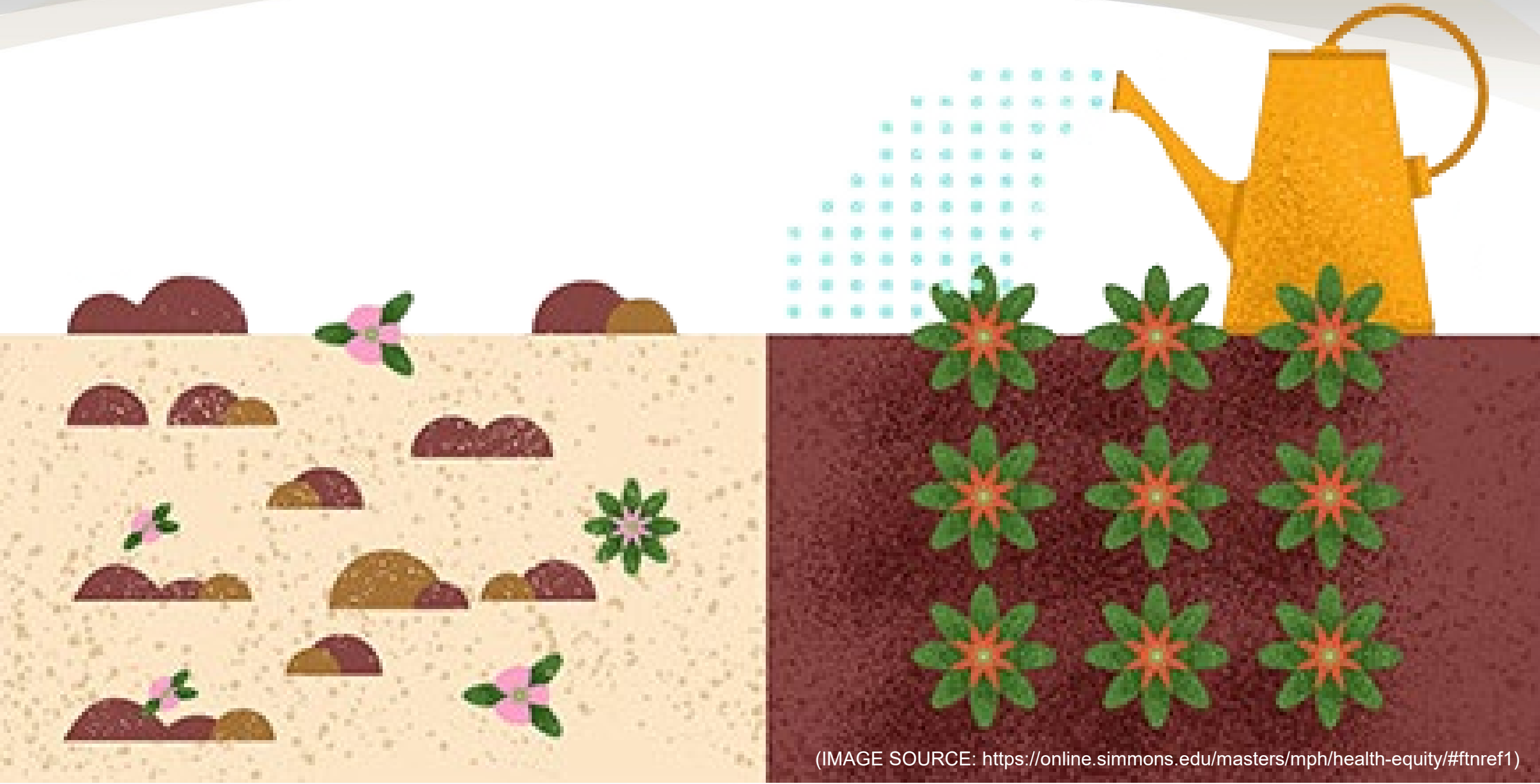
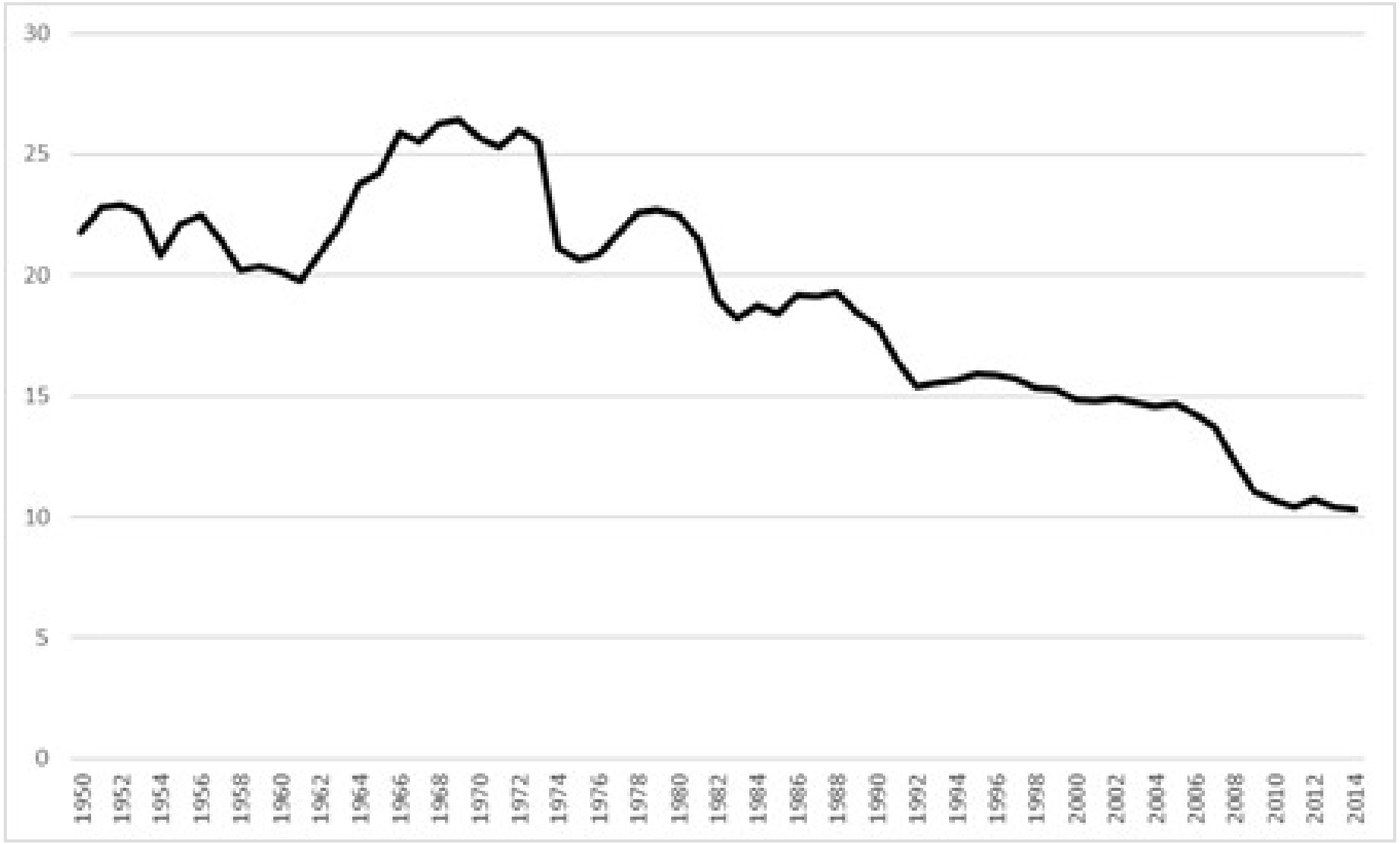
#5

Creating lives worth living



(IMAGE SOURCE: https://online.simmons.edu/masters/mph/health-equity/#ftnref1)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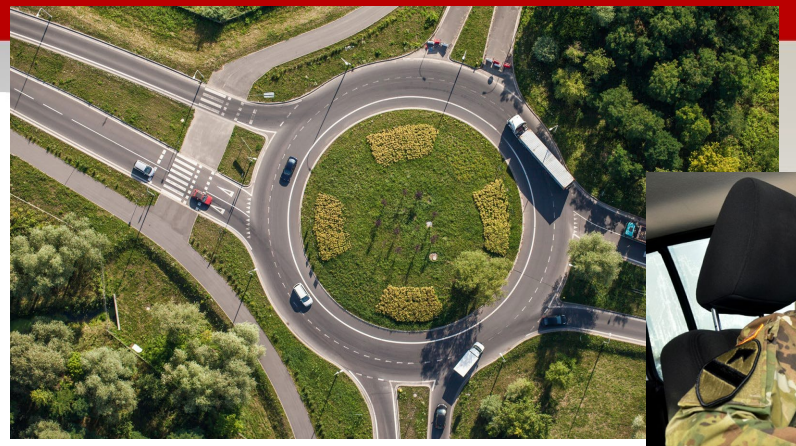


More Effective

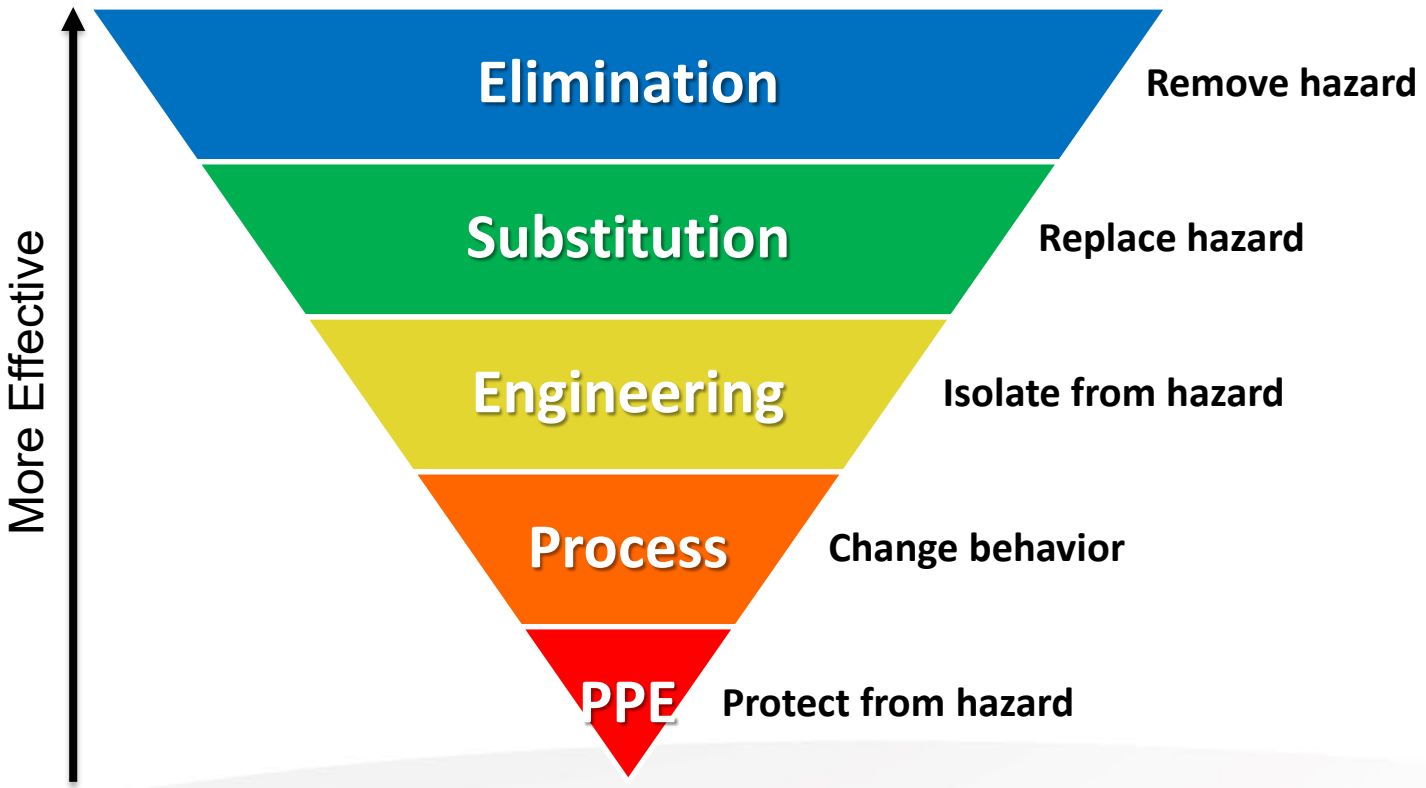
Elimination — Remove hazard

Substitution — Replace hazard

Engineering — Isolate from hazard

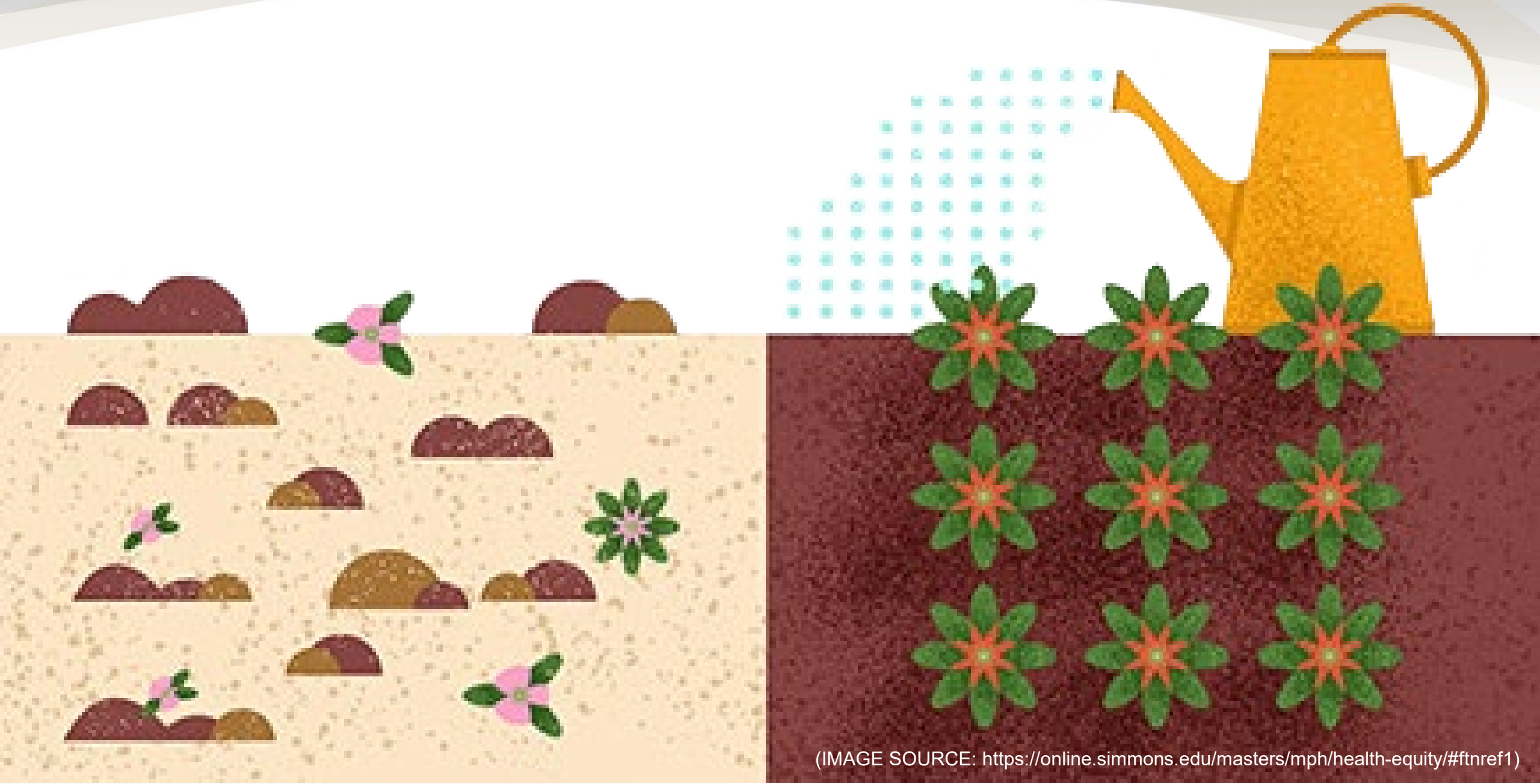
Process — Change behavior

PPE — Protect from hazard



???

Suicide prevention briefings
Antistigma campaigns
MRT
Mental health treatment



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Fundamentally rethinking suicide prevention

Final Thoughts


TITANIC 1912
JOINT CENTENARY
ANC 1912
DECK CHAIR REARRANGEMENT WORKING GROUP, ARE YOU READY?!
TITANIC
ZAPIRO
SUN. TIMES 15-4-12

The Future of Suicide Prevention?

- Reduce reliance on suicide risk screening and assessment methods that depend on self-disclosure of suicidal thoughts or behaviors and/or static cutoff scores

- Thinking about what strategies, delivered by whom, work for whom under which circumstances

- Create opportunities to deliver better treatments with high fidelity

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