Suicide
A National Problem, What Every Physician Needs to Know!

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Q.1 Suicide rate in US is

- Decreasing
- Increasing
- Has stayed the same
Epidemiology

CDC stats

- 10th leading cause of death for all ages
- 2nd leading cause of death in age 15 -24
- In 2015, there were 41,149 deaths by suicide in the United States (21k from guns, 10k from suffocation, 6.6k from poisoning)
- The suicide rates decreased from 1990-2000 from 12.5 suicides per 100,000 to 10.4 per 100,000. Over the past decade, however, the rate has again increased to 13 per 100,000 in 2014. Every day, approximately 105 Americans die by suicide
• There is one death by suicide in the US every 12.3 minutes (every 40 seconds worldwide)
• An estimated quarter million people each year become suicide survivors
• There is one suicide for every estimated 25 suicide attempts
• There is one suicide for every estimated 4 suicide attempts in the elderly
• For Suicide completers: 50% have a prior attempt
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<th>Number and Rate of Deaths by Suicide, Texas and Harris County, 2004–2015</th>
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1 The sites provide options for viewing breakouts by age, race, and gender.

2 The Texas Department of State Health Services (DSHS) number of deaths by suicide was obtained from the Texas Health Data website, Texas Health Data (2016) *Texas health data: Death data*. Retrieved from soupfin.tdh.state.tx.us/deathdoc.htm. The Centers for Disease Control and Prevention (CDC) number of deaths by suicide was obtained from the CDC WONDER Online Databases, WONDER Online Databases (2016) *Compressed mortality file: Underlying cause-of-death*. Retrieved from https://wonder.cdc.gov/mortSQL.html
• Suicide among males is 4x’s higher than among females. Male deaths represent 79% of all US suicides
• Firearms are the most commonly used method of suicide among males (51%)
• Poisoning is the most common method of suicide for females
Is Suicide Abnormal?

A. Yes. Almost all patients have a mental illness.

B. Not necessarily. Many patients have no mental illness.
Risk Factors

- **Old age**
- **Women**: 3 X more attempts
- **Men**: 4 X more likely to succeed
- **Whites** and Native Alaskans, American Indians
- Scandinavia, Germany, Eastern Europe, Japan
- Catholic countries
Long Term Risk Factors

• Prior suicide attempt
• Mental illness (esp. depression)
• Alcohol abuse (50 X higher)
• Living alone/isolated
• Lack of social supports
• Separated, divorced, widowed
• Unemployed, retired
• Fall in economic status
• Poor health
• Hopelessness
• No children under age 18 at home
• Impulsivity
Married With Children
Suicidal Mothers

- Plans for children?
- First homicide, then suicide?
- Just depressed and concerned about children?
- Psychotic?
Andrea Yates

- MDD with severe psychotic features
- Delusional, children were “not righteous”
- Blamed herself because had the devil in her
- Plan: get kids to heaven before they spoil, State to execute her b/c has devil in her
Mental Illness & Suicide

- **Mood Disorders:** 15-20%
  - Bipolar Disorder: up to 20%
  - Depression: up to 15%
  - (Depression with psychosis 5X higher)
- **Alcoholics:** 18%
- **Schizophrenia:** 10%
- **Borderline PD:** 5-18%
How It Happens

Mental illness

add Psychosocial stressors

add Intoxication + Impulsivity + Means (gun)

Suicide
Higher Risk

**Depression:**
while depressed and coming out of it

**Schizophrenia:**
while non-psychotic and demoralized
Risk in Physicians

- Dentist highest suicide rate
- Female physicians 4X higher than general population
- Highest among MDs: Psychiatrists
Q.2 What is the commonest method for suicide?

A. Hanging
B. Pill ingestion
C. Firearms
D. Gas inhalation
Commonest Methods

- 55-60% Firearms
- 14% Hanging
- 11% Ingestion and poison
- 9% Gas
Commonest Methods in Patients on the Psychiatric Unit

- Hanging
Patients Who Committed Suicide

- 60% told spouse
- 50% told relatives
- 18% told therapist
Q.3 Protective Factors

- Responsibility to family (minors at home)
- Fear of killing oneself
- Fear of the unknown
- Religious beliefs
- Future plans
- Help seeking behavior
Suicide Risk Assessment & Management
Suicide Ladder

- How bad do you feel?
- Do you wish you were dead?
- Thoughts of ending your life?
- Thoughts about a particular way to end your life?
- How close have you come in doing anything?
Assessment of Attempts

- Isolation and timing
- Precautions against intervention
- Lethality
- Acting to get help
- Prior final acts (e.g. will)
- Suicide note
- Prior communication of attempt
Patient’s Report of Suicide Attempt

- Alleged purpose of the attempt
- Expectations of fatality
- Expectations of interventions
Assessment of Plan

- What is the plan?
- Lethality?
- Access/availability of method?
- Efforts spent working on plan?
- Rehearsal done?
No-Suicide Contracts

- False sense of security
- Significant if refused
- No research support
- More than $\frac{1}{2}$ of inpatient suicides had them in place
- Cant be held valid in court of law
Risk Factors:

- Male
- Problems with family
- Laid off, unemployed
- Hopeless, worthless
- Anxious ruminations
- Substance abuse, relapsed
- SI, plan, and came “pretty close”
Malpractice Liability

- If foreseeable, you are judged by what you knew!
- Once risk acknowledged, must act accordingly
- Not for error in judgment in prediction
- Document risk assessment
- Lawsuits are common for even keeping patients against their will in ER/Hospital
Summary

- Know your patients well
- Document risk analysis
- Consult with faculty or colleague
- Treat accordingly
Now pay attention, I'm only going to do this once!

Afghanistan School Of Suicide Bombers