Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

Index

Locators in **bold** refer to tables; those in *italic* to figures

4 Ds (depression, disease/disability, disconnectedness, and deadly means), older adults 246, 248–51
AACAP see American Academy of Child & Adolescent Psychiatry
AAP see American Academy of Pediatrics
ABFT (Attachment Based Family Therapy) 198
access to healthcare see healthcare access
ACEs (adverse childhood events) 49-50, 55-56, 91
acute care settings
connecting with the patient 76, 78, 81
prevention-oriented formulation 108
acute stress 60; see also life stressors/triggers
ADHD, attention deficit 53, 222
Adolescent Depression Antidepressants and
Psychotherapy Trial (ADAPT) 52
adverse childhood events (ACEs) 49–50, 55–56,
91 AFSP see American Foundation for Suicide
AFSP see American Foundation for Suicide Prevention
age, suicide rates by 246, 248; see also older
adults
alcohol use
availability in youth settings 127
prevention-oriented formulation 92–93
risk factors for suicide 51, 52
algorithms, prevention-oriented formulation 109
American Academy of Child & Adolescent Psychiatry (AACAP), Suicide Risk
Pathway 229–32
American Academy of Pediatrics (AAP)
Guidelines for Depression 38
Youth Suicide Prevention Factsheet 231
American Foundation for Suicide Prevention (AFSP)
Project 2025 175

Toolkit for Schools: After A Suicide 227 antidepressants 152, 161, 162, 164 educating and monitoring patients 166 evidence-base for use 161 response to suicide risk 117 risks and benefits of 150-51 warnings in relation to youth 163-65, 223-25 youth settings 162 anxiety disorders history-taking 91 psychiatric risk factors 49 armed forces see military and veterans Army Study to Assess Risk and Resilience in Service members (Army STARRS) 240 Asia, public health suicide crisis 14 Ask Suicide-Screening Questions (ASQ) 229–33 asking the right guestions connecting with the patient 77-79, 82 medicolegal risk management 199-200 prevention-oriented formulation 90-91, 99-102 response to suicide risk 123 safety planning interventions 127-28 assessments; see also screening programs available resources 279-82 medicolegal risk management 192 prevention-oriented formulation 96-98 structured follow-up 145 youth suicide 229-32 Attachment Based Family Therapy (ABFT) 198 attempt survivors, definition 40 attempted suicide, relation to future risk 18, 22 Attempted Suicide Short Intervention Program (ASSIP) 116-17, 123 attention-seeking, suicide as 131 attitudes to suicide 206-7, 208 Australia, zero suicide goal 174

283

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

available resources assessment/screening 279-82 for clinicians 276 community-based prevention 282 mental health conditions 277-79 military and veterans 242 occupation-specific 279, 282 prevention and loss support 276-77 prevention-oriented formulation 106 response to suicide risk 121, 128 suicide loss survivors 277 youth settings 282 behavior changes, youth 228; see also warning sians behavioral health settings, caring contacts 144 behavioral incidents, validity technique 100-2 Belgium, Flemish region 209-10 beliefs about suicide 206-7, 208; see also changing perceptions of suicide; cultural and societal perspectives bereavement by suicide 263; see also suicide loss survivors best practices, systems approach 179-81 big data analysis health records 103 social media 103 biological risk factors for suicide 48-49 case example 47, 50, 52 dynamic 51-52 psychiatric conditions 48-50 bipolar disorder history-taking 91 lithium 117 psychiatric risk factors 49 rTMS and ECT for 152 black American youths 213-14; see also racial differences black and white thinking, addressing 207 Black Youth Suicide 213-14 blame cultures 178, 180; see also restorative just cultures blindsided, feelings of being 18, 20, 24 borderline personality disorder, risk factors 49 Bourdain, Anthony 24 brief interventions, response to suicide risk 116-17 build-up to suicide 18, 20, 24 bullying, risk factors for suicide 221-22

burden to others, feelings of 24 prevention-oriented formulation 94, 107 older adults 250-51 risk factors 46, 47, 54-55, 62-63, 67-68 youth suicide 222, 228 Canada, Help for Life Program 34 caring contacts, non-demand 143-45 case examples cultural and societal perspectives 207 drivers of suicide 47, 50, 52, 54, 55, 56, 57-58 myths surrounding suicide 24 prevention-oriented formulation 90 CGT (Complicated Grief Therapy) 267-68 change as risk factor see transition periods changing perceptions of suicide 3-5, 6, 16 chronic pain 250; see also disease/disability chronic stress 60-61; see also life stressors/ triggers Chronological Assessment of Suicide Events (CASE) 99-100 clinician perspectives/clinicians effects of patient suicides on 269-70; see also professional consequences of suicide extended care interventions 139 healthcare systems approach 181-82 prevention-oriented formulation 92, 98, 108, 111 professional development 181, 182-83, 182 response to suicide risk 114, 130-31, 132 role within the team 87 suicide as a problem for 76 therapy for 81, 130-31 clinician suicide loss 269-72 clozapine 152, 155-56 clinical considerations/adverse effects 156 evidence-base for use 156 response to suicide risk 117 clusters, suicide 228 Cognitive Behavioral Therapy (CBT) 116, 198 collaboration see consultation with colleagues; teamwork Collaborative Assessment and Management of Suicidality (CAMS) 116, 198 collaborative care, medicolegal risk management 198-99 colleagues see consultation with colleagues; teamwork coming out of the blue, feelings of 18, 20, 24

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

"committing" suicide, terminology 40, 41 communication skills; see also connecting with the patient medicolegal risk management 199-200 prevention-oriented formulation 110-11 community-based prevention 6, 16 available resources 282 public health model 33-34, 35 complicated grief (CG) 266-68 Complicated Grief Therapy (CGT) 267–68 connecting with the patient 75-76, 83-84; see also empathy acute care settings 76, 78, 81 asking the right questions 77-79, 82 challenges 81-82 clinical tips/pearls of wisdom 82 clinician fears of litigation/consequences 75, 81 collaboration with the patient 79-80 committing to the patient's recovery 80 consultation with colleagues 81, 131 family members 78, 79 inspiring hope 76, 82-83, 84 malignant alienation 82 patient perspectives 83 principles 76 rationale 77 support from colleagues 81, 82 treatment frameworks and teamwork 80, 81-82 consultation with colleagues; see also teamwork connecting with the patient 81, 131 medicolegal risk management 198 options for support 142-43 response to suicide risk 130-33 contact frequency see monitoring/follow-up contagion, youth suicide 217, 226-28 contextual anchoring 87, 104, 105, 110 contingency planning 121, 122; see also safety planning interventions continual professional development (CPD) 181, 182-83, 182 continuity of care 145-46, 146-47 coping strategies, safety planning interventions 197 Counseling on Access to Lethal Means (CALM) 197-98 cowardice, myths surrounding suicide 20, 21 cries for help 18, 20-21, 23

crisis centres, extended care interventions 145 - 46C-SSRS (Columbia Suicide Severity Rating Scale) 280 cultural and societal perspectives 206-7, 214; see also social and environmental risk factors beliefs and attitudes 206-7, 208 black American youths 213-14 case examples 207 changing perceptions of suicide 3-5, 6, 16 cultural acceptability of suicide 211 differences between nations and cultures 209 gender differences 207. 208 media roles 211 methods of suicide 211-14 occupational differences 208, 210 principles 205-6 risk factors for suicide 57 role of 208 stigma/seeking help 209-10 culture of blame see blame cultures culture of safety and prevention, systems approach 173-78 data quality/reliability 16 LGBTQ populations 255 suicide rates, global 11, 11 data synthesis, prevention-oriented formulation 104-10 deadly means see lethal means of suicide, accessibility definitions see terminology demographics, prevention-oriented formulation 91 denial of the specific, validity technique 100-2 depression; see also antidepressants case example 47, 50, 52, 54 history-taking 91 older adults 246, 249-50 psychiatric risk factors 49 rTMS and ECT for 152 suicide loss survivors 268 Dialectical Behavioral Therapy (DBT) 116, 198 dichotomous belief systems, addressing 207 died by suicide, terminology 40, 41 disclosure, gender identity issues 257 disclosure, suicidal intentions 68, 76, 98, 99 disconnectedness, older adults 246, 250-51; see also isolation

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

disease/disability older adults 246, 250 risk factors for suicide 51 distal risk factors for suicide 54, 55-56 distractions, safety planning interventions 127, 137, 140, 197 documentation, medicolegal risk management 200-202 drivers of suicide, multi-factorial 3, 6, 16, 18, 43-44, 61, 69; see also risk factors clinical takeaways 68-69 convergent risk factors 65-66, 66 life stressors and precipitating events 59-61 myths surrounding suicide 20, 21, 22, 26-27 patient perspectives 46, 67-68 principles 45-46 protective factors 44, 45-46, 63-65, 69 theoretical frameworks 46-47. 48 warning signs 62-63 dynamic risk factors biological 51-52 convergent 65-66, 66 medication 152 myths surrounding suicide 18, 21, 22 prevention-oriented formulation 89, 93-95 psychological 54-55 eating disorders, psychiatric risk factors 49 Ecological Momentary Assessment (EMA) 103 education, public healthcare systems approach 181, 182-83 mental health awareness 3-5, 16 public health model 32

school-based prevention 33–34 elderly *see* older adults

electroconvulsive therapy (ECT) 152

Emergency Task Force on Black Youth Suicide 213–14

empathy 79; *see also* connecting with the patient medicolegal risk management 199 mini-interventions **120** patient perspectives 118 response to suicide risk 131 empowerment of the patient 200 ending one's life, terminology 40 enduring factors, prevention-oriented formulation 89–93 engagement with services prevention-oriented formulation 95 safety planning interventions 121, 127-28 environmental risk factors for suicide see social and environmental risk factors epidemiology of suicide, clinical tips 92 epigenetics, risk factors for suicide 49-50, 51 - 52esketamine 158-159 ethics, medicolegal risk management 192 evolving perceptions about suicide 3-5, 6, 16 experimenting with interventions 141-42 exposure to suicide, as risk factor 12-13, 57 extended care interventions 135, 147 behavioral health settings 144 clinical tips 136-37, 140, 145, 147 clinician perspectives 139 continuity of care 145-46, 146-47 family members 137-39 involving other professionals 142-43 letters to patients 143 non-demand caring contacts 143-45 patient perspectives 136 principles 135-36 safety planning 136-37 structured follow-up 145 updates to support plans 136-37 widening the circle/options for support 141-42, 142-43 youth settings 138, 139, 140

failed attempt at suicide, terms to avoid 41 families, working with 179-80; see also support persons/networks challenges 138-39 connecting with 78, 79 prevention-oriented formulation 102 support plans 137-39 family history, prevention-oriented formulation 91 family rejection, LGBTQ individuals 221-22, 255, 256.258-59 FDA see Food & Drug Administration final straws, life stressors/triggers 60 firearms, accessibility of 126 cultural/national differences 14, 124, 211-12 and risk 58-59 youth suicide 222

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

Flemish region, Belgium 209-10 follow-up see monitoring/follow-up Food & Drug Administration (FDA), warnings on antidepressant medication 163, 165 foreseeable changes, prevention-oriented 107-9 foreseeable outcomes, medicolegal risk 194 4 Ds (depression, disease/disability, disconnectedness, and deadly means), suicide in older adults 246, 248-51 future without suicide approach, New Zealand 176; see also healthcare systems approach Garrett Lee Smith (GLS) Memorial Act communitybased prevention programs 35 gas inhalation, methods of suicide 212 gatekeeper training 210 gender differences 207, 208, 210 military and veterans 239 US suicide rates 247, 248 youth suicide 218-20 genetic risk factors for suicide 49 gentle assumption, validity technique 100-2 geriatrics see older adults gestures, suicidal 18, 23, 41 global perspectives, suicide rates 6, 7-11 by age/income level 246 by region of the world 8 data quality and reliability 11 older adults 246-47 specific nations 9, 10, 34, 34-35, 209, 219, 246, 246-47 youth suicide 216-17, 218 glorification of suicide 211, 228; see also media roles Good Behaviour Game, school-based program 34 good faith effort, medicolegal risk management 192 grief, suicide loss survivors 262, 263, 265-66; see also complicated grief guns see firearms harakiri, Japan 211 head injury, traumatic brain injury, risk factors for suicide 50, 51 health, physical see disease/disability health records, big data analysis 103 healthcare access; see also help-seeking protective factors 65

safety planning interventions 197 healthcare professionals see clinicians healthcare systems approach 171, 172, 185 American Foundation for Suicide Prevention 175 best practices 179-81 culture of safety and prevention 173-78 goal of continuous quality improvements 180 - 81incident review processes/learning from mistakes 178 lived experience perspectives 177, 182 local healthcare settings 182 New South Wales, Australia 174 New Zealand suicide prevention strategy 176 principles 171-73 restorative just cultures 177-78 terminology 175-76 workforce education/training 181, 182-83, 182 workforce shared frameworks 181-82 working with service users and families 179-80 zero defect approach 174 health-related outcome, suicide as 3, 4, 19, 30 Help for Life Program, Québec, Canada 34 help-seeking; see also healthcare access cultural norms 6, 64, 65, 205-6, 209-10, 210 military and veterans 238, 242 youth suicide 216-17 Henry Ford Health System, Detroit 174 history-taking, prevention-oriented formulation 90-91; see also asking the right questions hope, inspiring connecting with the patient 76, 82-83, 84 consultation with colleagues 131-32 mini-interventions 120 tilting the balance towards 18, 25 hopelessness, feelings of 69, 94-95 clinician 131-32 youth suicide 222, 228, 229 hospitalization medicolegal risk management 198-99 patient perspectives 129 post-discharge contact 144 human dimensions of care 79; see also connecting with the patient

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

humiliation, feelings of 60, 61, 94, 107 Hungary, prevention approaches in primary care 38-39 iatrogenic risk factors 51, 163-65, 223-25 illness see disease/disability impact of suicide on others see suicide loss survivors Implicit Association Test (IAT) 103 impulse control disorders/impulsivity prevention-oriented formulation 92-93 psychiatric risk factors 49 incident review processes, healthcare systems 178 income level, global suicide rates by 246 indicated prevention, public health model 32 indications, medication use 150 informed consent model, medication 151, 151 inpatient psychiatric settings see hospitalization integrated motivational-volitional model (IMVM) 46 internet use, and youth suicide 217, 221-22, 226-27, 228; see also social media interpersonal theory of suicide 46 interventions see treatment interventions interview strategies see asking the right guestions investment, in research/interventions 6, 15 The Invisible Front: Love and Loss in an Era of Endless War (Yoshi Dreazen) 241 isolation, feelings of hospitalization 129 older adults 245, 246, 250-51 prevention-oriented formulation 94, 107 psychological theories 46-47 screening programs 98 Japan, historical cultural acceptability of suicide 211 Joint Commission, Suicide Prevention National Patient Safety Goal 192 ketamine 152, 157 antidepressant effects 159 effect on suicidal ideation 160 history of use 157 intravenous administration 158, 159 mechanism of action 158 response to suicide risk 117 side-effects 158

language use see terminology lawsuits 194; see also medicolegal risk management; professional consequences of suicide learning from mistakes, healthcare systems 178 least restrictive environments 128-30, 198-99 legal principles 194-95; see also medicolegal risk management lethal means of suicide, accessibility; see also firearms Counseling on Access to Lethal Means 197-98 limiting 58 method substitution 59 military and veterans 239 older adults 246, 251 response to suicide risk 124-26 safety planning interventions 197 and suicide risk 18, 21, 25, 48, 55, 58-59, 67-68 vouth suicide 222 letters to patients, non-demand caring contacts 143 level of observation/monitoring see monitoring/ follow-up LGBTQ populations 258-59 clinical tips/pearls of wisdom 92, 257 principles 255 protective factors for suicide 256 risk factors for suicide 57, 221-22 suicide rates 254-55 transgender individuals 254, 256-57 liability issues/concerns see medicolegal risk management; professional consequences of suicide life stressors/triggers to suicide prevention-oriented formulation 93-94 risk factors for suicide 59-61 listening 119 lithium 152, 153-54, 155 clinical considerations/adverse effects 154 - 55clinical tips/pearls of wisdom 117 evidence-base for use 154 response to suicide risk 117 litigation see medicolegal risk management; professional consequences of suicide lived experience perspectives 6, 13, 16

killed oneself, terminology 40

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

connecting with the patient 79 definition 40 healthcare systems approach 177, 182 public health model 31, 40 response to suicide risk 131 loneliness see isolation, feelings of long-term factors prevention-oriented formulation 90-92 psychological 54 social and environmental 55-56 loss survivors, definition 264; see also suicide loss survivors loss, traumatic, and youth suicide 229 machine learning algorithms, prevention 109 macho cultures, military and veterans 241 major depression see depression malignant alienation 82 malpractice lawsuits 194; see also medicolegal risk management; professional consequences of suicide manipulative behavior, terms to avoid 41 means substitution, accessibility of lethal means 124 media roles in suicide 164-65, 211, 228; see also social media medication; see also antidepressants; clozapine; esketamine; ketamine; lithium as lethal means 59 changes, and risk factors for suicide 51 dvnamic nature of risk 152 indications for 150 informed consent model 151, 151 principles 149, 150-53 response to suicide risk 117-18 risk-benefits 150-51, 151 role in prevention 150-53 Medicines and Healthcare Products Regulatory Authority (MHRA), warnings on antidepressant medications related to suicide risk in youth 163-65 medicolegal risk management 189-91, 203 communication with patients/families 199-200 consultation with colleagues 198 Counseling on Access to Lethal Means 197-98 documentation 194-195 ethical principles 192 legal principles 194-95

levels of care and hospitalization 198-99 ongoing risk assessment prediction of suicide 192, 193 principles 191 risk mitigation 191-93 safety planning interventions 196-97 screening for suicidal ideation 196 standards of care relating to prevention 195-200 steps to take following a suicide 202 mental health conditions available resources 277-79 awareness 3-5, 16; see also education biological risk factors for suicide 48-50 history-taking 91 military and veterans, prior to service 241 youth suicide 223-25 methods of suicide 239: see also lethal means cultural and societal perspectives 211-14 military and veterans 240-39 substitution of 59 MHRA see Medicines and Healthcare Products Regulatory Authority military and veterans 238, 242-43 available resources 242 mental health prior to service 241 methods of suicide 239, 240 principles 237 PTSD 240-41 risk factors for suicide 240-41 suicide rates/trends 238-39 military sexual trauma (MST) 241 mindsets, suicidal 120 mini-interventions, suicide risk 118, 119-20 minimum standards of care, prevention of suicide 195-200 minority, underrepresented minority populations 56. 205. 210. 212-14 mitigation of risk 191-93; see also protective factors Model Adolescent Suicide Prevention Program for American Indian Youth in New Mexico 33 monitoring/follow-up 144 extended care interventions 145 non-demand caring contacts 143 ongoing risk assessment 196 response to suicide risk 128-30 structured follow-up 145 mood disorders, lithium 117; see also bipolar disorder

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

motivational interviewing 116-17, 127-28 MST (military sexual trauma) 241 multi-factorial drivers of suicide see drivers of suicide myths surrounding suicide 19, 28 accessibility of lethal means 18, 21, 25 attempted suicide, relation to future risk 18, 22 being bent on suicide 19, 20, 22 build-up to suicide 18, 20, 24 case example 24 cries for help/gestures 20-21, 23 dynamic nature of suicide risk 18, 21, 22 multi-factorial risk factors 20, 21, 22, 26-27 myth-busting facts 18 planting the idea of suicide 21, 25 prevention of suicide 20, 21, 22, 26-27 principles 20-21 risks of talking about suicide 18, 21, 23-24 suicide as rational choice 18.26 tilting the balance towards hope 18, 25 weakness/cowardice 20, 21 youth settings 217 National Action Alliance Recommended Practice 192 national rates of suicide specific nations 9, 10, 34-35, 209, 219, 246-47 youth suicide 219 national suicide prevention plans (NSPPs) 11, 16, 34, 34-35, 216-17 Netherlands 209-10 neurobiological risk factors for suicide 50 neurocognitive risk factors for suicide 53 neuroticism, risk factors for suicide 54 New Mexico, Model Adolescent Suicide Prevention Program for American Indian Youth 33 New South Wales, Australia, zero suicide goal 174 new technologies, role in prevention 102-4, 109 New Zealand, future without suicide approach 176 NMDA (N-methyl-D-aspartate) receptor agonists 158 non-demand caring contacts 143-45 non-suicidal self-injury (NSSI) risk factors for suicide 52 terminology in need of clarification 40 normalization, validity technique 100-2 NSPPs see national suicide prevention plans

objective measures, risk factors for suicide 53 observation see monitoring/follow-up occupational differences 208, 210 occupation-specific resources 279, 282 older adults 245, 252 4 Ds 246, 248-51 prevention strategies 251 principles 245-46 suicide rates/trends 246-47 out of control, feelings of 94, 107, 120 Out of the Darkness Walks for suicide prevention 4 out of the blue, suicide as 18, 20, 24 pediatrics settings; see also youth suicide assessment/screening 229 prevention-oriented formulation 94 treating mental health conditions 223-25 pain and suffering older adults 250; see also disease/disability prevention-oriented formulation 94-95 suicide as solution to 76, 84, 120 youth suicide 228 passive data collection, prevention-oriented 104 patient centered collaborative care, medicolegal risk management 198-99 patient perspectives connecting with the patient 83 extended care interventions 136 hospitalization 129 mini-interventions 118 multi-factorial drivers of suicide 46, 67-68 prevention 89, 93, 109, 111 suicide as a solution 76, 84, 120 perfectionism, risk factors for suicide 54 personality disorder, history-taking 91 persons bereaved by suicide, definition 264; see also suicide loss survivors pessimism, risk factors for suicide 54 pesticides, methods of suicide 212 PHQ-9 depression screening instrument 229 physical illness see disease/disability planning, contingency 121, 122 planting ideas, myths surrounding suicide 21, 25 posttraumatic growth 270 precipitating events see life stressors/triggers to suicide prediction of suicide 7, 16, 192, 193, 270-71; see also prevention

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

prevalence of suicide see rates of suicide prevalence of suicide loss 264 prevention of suicide; see also community-based prevention; national suicide prevention plans; public health model; risk formulation (prevention-oriented) available resources 276-77 healthcare settings 35-39 myths surrounding suicide 20, 21, 22, 26-27 older adults 251 principles 6-7, 16 public education 32 public health model 31 standards of care 195-200 systems approach 173-78 primary care, prevention approaches 36-39 professional consequences of patient suicides 75. 81. 114. 130. 270-72: see also medicolegal risk management consultation with colleagues 132 therapy for 81, 130-31 professional development 181, 182, 182-83 Prolonged Grief Disorder 266 protective factors drivers of suicide 44, 45-46, 63-65, 69 LGBTQ populations 256 myths surrounding suicide 27 prevention-oriented formulation 89-90 Wingman-Connect program 33 proximal psychological risk factors for suicide 54-55 psychiatric conditions see mental health conditions psychological risk factors for suicide 52-53 case example 54.55 distal/long-term 54 proximal/dynamic 54-55 psychological theoretical frameworks 46-47 psychosis, risk factors for suicide 49 psychotherapies addressing belief systems 207 CBT 116.198 evidence for suicide risk reduction 116, 226 for clinicians 81, 130-31 response to suicide risk 116 psychotropic medication changes, risk factors 51 PTSD (post-traumatic stress disorder)

military and veterans 240-41 psychiatric risk factors 49 suicide loss survivors 268 public health model of suicide 12, 16, 30, 41; see also prevention of suicide Asia 14 community-based prevention 33-34, 35 examples of prevention campaigns 32, 33-35 healthcare settings 35-39 impact on bereaved 12-13, 16 investment in research/interventions 6, 15 levels of prevention 32 national suicide prevention plans 34, 34-35 prevention approaches 31 principles 30-31 public education 32 scope of model 12 terminology 32. 39-41 United States 12. 13-14 public perceptions of suicide 3; see also changing perceptions of suicide Québec, Canada, Help for Life Program 34 questions to ask see asking the right questions racial differences, US suicide rates 213-14, 248 racism 205, 212-14 rates of suicide; see also global perspectives; national rates data quality and reliability 11, 11 global perspectives 6, 7 LGBTQ populations 254-55 military and veterans 238-39 older adults 246-47 United States 12, 210, 248 youth suicide 218, 219

rational choice, suicide as 18, 26; *see also* myths surrounding suicide REACH VET (Recovery Engagement and Coordination for Health – Veteran's Enhanced Treatment) 103 Reasons for Living Inventory 64 recovery, public health model *32* referrals, for unmet needs 132–33 reliability, patient 95, 121, 127–28 religious beliefs, risk factors for suicide 57 research, investment in 6, 15 resources *see* available resources

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

response to suicide risk see risk responses restorative just cultures 177-78 rigidity, risk factors for suicide 54 risk assessment, medicolegal risk management risk-benefits medication use 150-51, 151 response to suicide risk 129 risk factors for suicide 47-48, 61, 69; see also drivers of suicide biological 48-52 case example 47, 50, 52, 54, 55, 56, 57-58 clinical takeaways 68-69 convergent 65-66, 66 definition 90 distinction from warning signs 62-63 lethal means 18, 21, 25, 55, 59, 58-59, 67-68 LGBTQ populations 256 life stressors/triggers 59-61 medication 152, 163-65, 223-25 military and veterans 240-41 model 48 myths surrounding suicide 18, 21, 22 prevention-oriented formulation 89, 93-95 psychological 52-55 social and environmental 55-59 talking about suicide 18, 21, 23-24 transgender individuals 256-57 youth suicide 221-22 risk formulation, prevention-oriented 86-87, 87, 111 acute care settings 108 asking the right questions 90-91 available resources 106 case example 90 Chronological Assessment of Suicide Events 99-100 clinical tips/pearls of wisdom 90-91, 92 clinician perspectives 92, 98, 108, 111 communication and transparency 110-11 criteria 104-5 data synthesis 104-10 dynamic factors 89, 93-95 emerging approaches 102-4, 109 enduring factors 89-93 engagement with services and reliability 95 family members 102 foreseeable changes 107-9 impulse control disorders 92-93 interview strategies/techniques 99-102

long-term factors 90-92 medicolegal risk management 192 pediatric settings 94 patient perspectives 89, 93, 109, 111 principles 88 protective factors 89-90 protocol for positive screens 98 risk status and risk state 105-6, 110 risk stratification and risk formulation 109-10 stressors and precipitants 93-94 structured screening and assessment tools 96-98 symptoms, suffering, and recent changes 94-95 teamwork 105 validity techniques 100-2 vouth settings 106 risk management see medicolegal risk management risk mitigation 191-93; see also protective factors risk response 114-15, 133 accessibility of lethal means 124-26 clinician perspectives 114, 130-31, 132 consultation with colleagues 130-33 level of observation/monitoring 128-30 lived experience perspectives 131 patient perspectives 118, 129 principles 115 referrals for unmet needs 132-33 safety planning 121-28 support persons/networks 121, 122-123, 126-27.128-29 treatment interventions 116-18, 119-20 risk status/state, prevention-oriented 105-6, 110 risk stratification/formulation. preventionoriented 109-10 Safe Reporting on Suicide Media Guidelines 228 safety contracts 197 safety cultures, systems approach 173-78 Safety Planning Intervention (Stanley & Brown, 2012) 121-28, 122, 123, 127 extended care 136-37 in medicolegal risk management 196-97 schizophrenia 91, 155-56 school-based prevention, public health model 33-34

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

screening for suicide risk available resources 279-82 medicolegal risk management 191-92, 196 primary care 36-38 structured screening and assessment tools 96-98 youth suicide 217, 229-32 second victims 178; see also restorative just cultures selective prevention, public health model 32 self-disclosure, clinicians 119-120 self-esteem, youth suicide 229 self-injurious behaviour (SIB), terminology in need of clarification 40 sensitivity, psychological risk factors for suicide 54 sensor data, prevention-oriented formulation 104 service users, working with 179-80; see also patient perspectives sexual abuse, of transgender individuals 256 sexual orientation or gender identity (SOGI) 254-255; see also LGBTQ populations shame attenuation, validity technique 100-2 social defeat see humiliation social disconnectedness, older adults 246, 250-51: see also isolation social and environmental risk factors 55; see also cultural and societal perspectives case example 56, 57-58 distal/long-term 55-56 life stressors and precipitating events 59-61 proximal 56-59 social media big data analysis 103 clinical takeaways 232 youth suicide 217, 221-22, 226-27, 228 social support see support persons/networks Sources of Strength prevention campaign 33 SPIs see safety planning interventions SSRIs (selective serotonin re-uptake inhibitors) see antidepressants staff training see training, workforce standards of care, prevention of suicide 195-200 stereotypes, prevention-oriented formulation 91 stigma, mental health and suicide 3, 6, 16, 19, 20; see also myths surrounding suicide cultural and societal perspectives 209-10

suicide loss survivors 263 stoicism 54.241 strengths, prevention-oriented formulation 89-90; see also protective factors stressors see life stressors/triggers to suicide structured assessment see assessments structured follow-up, extended care interventions 145; see also monitoring/ follow-up subjective reporting, psychological risk factors 53 substance use disorders 49, 51, 92-93 successful attempts at suicide, terms to avoid 41 sued, being; see medicolegal risk management; professional consequences suffering see pain and suffering suicidal behaviour. definition 40 suicidal gestures 18, 20-21, 23, 41 suicidal ideation; see also talking about suicide clinical takeaways 68-69 definition 40 effect of single dose ketamine 160 medicolegal risk management 191-92, 196 youth settings 216 suicidality, terminology in need of clarification 40 suicide, definition 40 suicide attempt definition 40 terminology, lived experience 41 suicide bereavement 263; see also suicide loss survivors suicide clusters 228 suicide contagion, youth suicide 217, 226-28 suicide loss survivors 16, 262, 273 available resources 277 clinical tips/pearls of wisdom 262, 265 clinician effects 269-72; see also professional consequences of suicide complicated grief 266-68 definition 40 depression and PTSD 268 frameworks of understanding 263 grief 262, 263, 265-66 impact of suicide loss on others 264 prevalence 264

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

suicide loss survivor (cont.) principles 261-62 public health model 12-13, 16 stigma 263 suicide bereavement 263 support groups 265, 267-68, 277 terminology 264 treatment interventions 265, 267-68 suicide prevention movement 4; see also prevention of suicide Suicide Prevention National Patient Safety Goal, Joint Commission 192 Suicide Prevention Resource Center, Toolkit for Schools 227 suicide rates see rates of suicide suicide risk assessment see risk factors; risk formulation: risk responses Suicide Risk Pathway, American Academy of Child & Adolescent Psychiatry 229-32 suicide safety contracts 197 support persons/networks; see also extending care interventions; families (working with) family support 137-39 response to suicide risk 121, 126-27, 128-29 safety planning interventions 197 structured follow-up 145 widening the circle/options for support 140 - 42support plans 136-37, 137 surveillance see data quality/reliability survivors of suicide, future risk 18, 20, 22, 49, 50. 52. 69 survivors of suicide loss, definition 264; see also suicide loss survivors symptom amplification, validity technique 100-2 symptoms, prevention-oriented formulation 94-95 systems approach see healthcare systems approach talking about suicide and risk 18, 21, 23-24, 199 youth suicide 228 targeted prevention, public health model 32 Teachable Moments Brief Intervention 116-17 teamwork; see also consultation with colleagues connecting with the patient 80, 81-82 prevention-oriented formulation 105 response to suicide risk 130-33

technological strategies of prevention 102-4, 109 temporary nature of suicidal feelings 26, 67 terminology relating to suicide 32, 39-41 prevention-oriented formulation 110-11 suicide loss survivors 264 terminology in need of clarification 40 terms to avoid 41 zero suicide goal 175-76 theoretical frameworks, suicide 46-47, 48 therapeutic risk management 195-96 therapy see psychotherapies thinking patterns/thoughts about suicide 206-7.208 three-step theory 46 took one's life, terminology 40 Toolkit for Schools: After A Suicide (American Foundation for Suicide Prevention/Suicide Prevention Resource Center) 227 training, workforce healthcare systems approach 181, 182-83 screening programs 98 transcranial magnetic stimulation (rTMS) 152 transgender individuals 254, 256-57; see also LGBTQ populations transition periods prevention-oriented formulation 94-95 psychotropic medication changes 51 risk factors for suicide 241 transparency, prevention-oriented formulation 110-11 trapped, feeling 46, 91, 94, 107, 222 trauma 26-27, 37, 51-53, 55-56, 60, 79, 82, 139, 201, 208, 212, 222, 229, 233, 241, 255, 257, 268 trauma-informed care 91 traumatic brain injury (TBI), risk factors 50, 51 traumatic loss, youth suicide 229 treatment interventions: see also extended care interventions best practices 179-81 connecting with the patient 80, 81-82 healthcare systems approach 181-82 investment in 6, 15 pathways 179-81 public health model 32 response to suicide risk 115, 116-18, 119-20 suicide loss survivors 265, 267-68

Cambridge University Press 978-1-108-46362-1 — Suicide Prevention Christine Moutier , Anthony Pisani , Stephen Stahl Index <u>More Information</u>

INDEX

Treatment of Selective Serotonin Reuptake Inhibitors-Resistant Depression in Adolescents (TORDIA) 52 treatment refractory depression (TRD), medication 150-51 triggers see life stressors/triggers to suicide United Kingdom, Medicines and Healthcare products Regulatory Authority (MHRA), warnings on antidepressant medications related to suicide risk in youth 163-65 United States; see also Food & Drug Administration Air Force Suicide Prevention Program 33 Air Force Wingman-Connect program 33 black youths 213-14 investment in research/interventions 15 methods of suicide 211-12 public health suicide crisis 12, 13-14 suicide rates by gender, age and race 248 suicide rates in specific states 210 zero defect approach 174 youth suicide 218-20 universal prevention public health model 32 validation, patient perspectives 118 validity techniques, prevention-oriented formulation 100-2 veterans of war see military and veterans violence, towards transgender individuals 256 war veterans see military and veterans warm hand-offs extended care interventions 146-47 warning signs multi-factorial drivers of suicide 62-63 prevention-oriented formulation 94, 107

safety planning interventions 197

youth suicide 222, 228-29

wrongful death suits 194-95; see also medicolegal risk management youth suicide 234 AAP Youth Suicide Prevention Factsheet 231 alcohol availability 127 antidepressants 162 antidepressant warnings 163-65, 223-25 assessment/screening 229-32 available resources 282 black American youths 213-14 clinical takeaways 232 extended care interventions 138, 139, 140 as global health crisis 216-17 global trends by age 218 media roles 228 prevention-oriented formulation 106 principles 217 social media 217, 221-22, 226-27, 228 in specific nations 219 specific risk factors 221-22 suicide contagion 217, 226-28 treating mental health conditions 223-25 trends 217-18 United States 218-20 warning signs 228-29 Youth Suicide Prevention Factsheet (American Academy of Pediatrics) 231 zero defect approach 174; see also healthcare

weakness, myths surrounding suicide 20, 21

Wingman-Connect Air Force prevention

campaign 33

worthlessness, feelings of 207

widening the circle, extended care 140-42, 142

systems approach zero suicide goals 174, 175–76; *see also* healthcare systems approach zero tolerance, culture of blame 178