Suicide occurs at all ages and stages of life. For many, it may be seen as the only way out of unbearable emotional pain, due to life circumstances.

Suicide at any age is a tragedy and represents a terrible loss of human life that deeply impacts an individual's family, friends and community left behind.

There are commonalities and unique challenges associated with suicide at any stage of life.

Commonalities in risk factors for suicide across the life span
There are many commonalities in risk factors for suicide across the life span. A psychiatric diagnosis, particularly a mood disorder diagnosis, is a key risk factor, as well as a history of suicidal thoughts or attempts. Across the literature and across age groups, a mood disorder diagnosis and history of suicidal behavior are the most robust predictors of suicide above and beyond the effects of any other factor.

Mood disorders and stress are significant major
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Suicide

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risk factors for suicide for all ages; however, other mental disorders also play an important role and are risk factors for suicide including drug and alcohol abuse. Risk factors for suicide run the gamut across the lifespan.

Examining risk factors

“A psychiatric diagnosis is the strongest predictor of suicide attempts across age groups, with mood disorders conferring the greatest risk for suicidal ideation and attempts. Research has shown that a mood disorder diagnosis increases risk of suicidal ideation by more than 4-fold, and individuals with a mood disorder are nearly 6 times more likely than individuals without a mood disorder diagnosis to make a suicide plan or attempt. More than 60% of individuals who have died by suicide had a diagnosis of major depression,” said Sally Weinstein PhD, Associate Director of the UICDR and Associate Professor of Clinical Psychology, UIC College of Medicine.

In addition to mood disorders, there are some other major risk factors for suicide across the lifespan. “In adolescents or teenagers, mood disorders are still the major risk factor for suicide but in addition impulsive/aggressive behavior, comorbid adjustment and conduct disorder, family difficulties, and most importantly copycat suicide are also the risk factors in aggressive youth. On the other hand, in late life suicide besides mood disorders the other major risk factors include primarily comorbid medical disorders such as diabetes and cardiovascular disorders, neurodegenerative disorders such as Parkinsonism and inflammatory disorders such as multiple sclerosis are other risk factors for late life suicide,” said Ghanshyam N. Pandey PhD, member of the UICDR and Professor of Pharmacology in the Department of Psychiatry.

“The risks of suicide thus vary significantly across the lifespan, age and gender particularly play an important role. For example, suicide rates in females are considerably lower across the lifespan. Suicide rates in males aged 75 and over are highest whereas in females above 75 suicide rates are quite lower than the suicide rates for females aged 45-64. Suicide rate among black youth, especially black males is higher compared to other races. However, mood disorders do play a crucial role as risk factors across age groups in addition to other risk factors described for various age populations,” said Pandey.

Youth and suicide

Youth are more susceptible to certain suicide risk factors, including bullying and contagion. Contagion has been a major topic in recent years, and refers to local clusters of suicide that have a contagious influence; for example, a single suicide in a community - usually a “high-prestige” individual - increases the risk of additional suicides or a cluster of suicides. Research supports the existence of these time-space clusters in teens and young adults but find that contagion effects decrease beyond 24 years of age. Contagion accounts for approximately 1-2% of deaths by suicide among adolescents.

For children and adolescents, suicide is a significant public health problem and rates are only increasing. Suicide now ranks as the second leading cause of death among individuals 10-24. Death by suicide now eclipses motor vehicle accidents as a cause of death among children aged 10-14. The most alarming increase in the past few decades is for US girls aged 10-14; for this group, the suicide rate has more than tripled between 1999 and today. In 2017, a survey of US high school students found that 7.4% reported at least 1 suicide attempt in the past year and 17% have thought about suicide.

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Out of the Darkness casts light on suicide

Please join the UI Center on Depression and Resilience as we support the American Foundation for Suicide Prevention’s Annual Out of the Darkness Chicagoland Virtual Walk Experience on October 17-18, 2020. Although the experience will look a little different this year, we are eager to once again support and sponsor the walk however we can. We are joining the community of nearly 350k people “walking” in hundreds of cities across the country in support of the American Foundation for Suicide Prevention’s mission to save lives and bring hope to those affected by suicide. The walk is one part of Project 2025, an AFSP initiative to reduce the suicide rate 20% by 2025.

Please save the dates and join our team to represent all the amazing work our department does towards the goal of suicide prevention in youth and adults. Details on how to register to join the UICDR team can be found [here](#), and please send the word out to friends and family members to donate to our team. See [here](#) for more information about the walk.

We hope you can join the UICDR in our fight against suicide! For additional information contact Sally Weinstein at sweins3@uic.edu.

Inaugural Carl Bell Memorial Lecture

**Save the date**
Join us for the inaugural Carl Bell Memorial Lecture, Wednesday, September 16th, 2020, 1:00 p.m.-2:00 p.m.

Keynote speaker for the event is David Satcher, MD, Ph.D., former Surgeon General of the United States, and former Director of the Centers for Disease Control, his address, “Revisiting the Surgeon’s General Report on Mental Health: Science, Policy, and Health”

Register in advance for this event: [https://uiuc.zoom.us/meeting/register/tJ0rde6sqj4vHTNwfnDXlqj_9s8afP6-J_Se9](https://uiuc.zoom.us/meeting/register/tJ0rde6sqj4vHTNwfnDXlqj_9s8afP6-J_Se9)

After registering, you will receive a confirmation email containing information about joining the event.

About Carl Bell

Dr. Carl Bell served as a distinguished professor of psychiatry and public health at the University of Illinois at Chicago, and in addition was a National Institute of Mental Health researcher. During his 35 year long career, Bell dedicated much of his work confronting the impact of violence-related trauma on child development, including fetal alcohol syndrome, and HIV prevention. His legacy of work is highlighted by his tireless dedication to helping the African American community, focusing on issues of criminal and juvenile justice reforms and prevention.

The author of more than 400 books, chapters and scientific publications, Dr. Bell had a deep passion to help people, and brought insight and wisdom to mental health care treatment.
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“In children and adolescents, bipolar disorder confers the greatest risk for suicide. In pediatric samples, 25-55% report suicidal thoughts, and up to 50% of youth with a bipolar diagnosis will make a suicide attempt by age 18. In our clinical trial for youth ages 7-13 with bipolar disorder, where the mean age was 9, 60% of youth - more than half! - endorsed having thought about suicide at some point in their young lives, and 40% reported experiencing suicidal thoughts in the past month,” says Weinstein.

Yet, despite these alarming rates, little is known about the risk factors for suicide among this high risk group, and even less is known about suicide prevention efforts. Youth with bipolar disorder are often excluded from randomized clinical trials - the gold standard for intervention research.

“Our study suggested promising outcomes for psychosocial intervention with kids ages 7-13, and indicated that even non-specialized treatment for bipolar disorder may be sufficient for targeting suicidal ideation at this early stage of severity. The biggest factors contributing to reduction in thoughts centered around the family - changes in the parent and family functioning that led to subsequent reduction in suicidal thoughts. These findings speak to the key role the family plays in assessing and addressing suicide among youth,” says Weinstein.

Suicide in late life
Epidemiologically, older adults represent one of the most at-risk groups for suicide. In 2018, the suicide rates were higher among adults ages 45 to 54 years (20.04 per 100,000) and 55 to 64 years (20.20 per 100,000), with the rate highest among adults ages 52 to 59 years (21.56 per 100,000). Younger groups have had consistently lower suicide rates than middle-aged and older adults. In 2018, adolescents and young adults aged 15 to 24 had a suicide rate of 14.45. According to the Centers for Disease Control and Prevention (CDC), suicide is the fourth leading cause of death among people 35 to 54 years of age, and the eighth leading cause among people 55 to 64 years of age.

Suicide attempts are much more likely to result in death with older adults, than it would among younger persons. Older adults are not only a vulnerable population, but suicide has a more severe impact in this demographic group.

Older adults are not only a vulnerable population, but suicide has a more severe impact in this demographic group. Suicide attempts by older adults tends to be associated with less warning and more lethality, making it much more likely to result in death than among younger persons. Reasons for his higher lethal rate include:
• The physical frailty of older adults means they are more vulnerable to self-inflicted injury, and less likely to recover from an attempt.
• Older adults plan more carefully and use more deadly methods.
• Due to being socially isolated, older adults are less likely to be discovered and rescued from a suicide attempt.

Crucial to this understanding of suicidality in older adults is the identification of risk factors for proper evaluation and intervention. There are several important risk factors for suicide in older adults. These include, among others:
• Depression
• Social isolation
• Prior suicide attempts
• Marked feelings of hopelessness
• Co-morbid general medical conditions that significantly limit functioning or life expectancy
• Marked feelings of hopelessness; lack of interest in future plans
• Feelings of loss of independence or sense of purpose
• Pain and declining role function (e.g., loss of independence or sense of purpose)
• Access to lethal means (i.e. firearms, other weapons, etc)
• Sudden personality changes

Proper evaluation for suicidality in older adults depends on effective identification of the aforementioned risk factors. To assess these risk factors, several screening tools that encompass sociodemographic factors such as age and gender differences, economic status and marital status are employed. Typically, these screening instruments have been used for the assessment of mood disorders, particularly major depressive disorder.

Suicide prevention
Key to suicide prevention is reducing stigma and shame around suicidal thoughts and behaviors so that those who are suffering can get the help they need. “Thoughts of suicide are common, about 10% of the population will have suicidal thoughts at some point in their life. Most people are surprised by how high that number is, but it helps people realize how
Asking and acting are two huge ways to help suicide prevention efforts. Suicidal thoughts are common in youth and, as a key predictor of future suicidal behavior, this offers a critical window for suicide prevention. As noted above, 17% of high school students have experienced suicidal thoughts, but only 8% progress to making an attempt. The highest risk of suicide attempts is in that first year following the onset of suicidal ideation, and the risk of suicide attempts is greatest when suicidal ideation has an earlier age of onset. So for youth with suicidal thoughts, the first year post-onset of suicidal thoughts is particularly risky.

Asking about suicide does not lead an individual to act on thoughts of suicide - in fact, studies have shown the opposite; asking about suicide is associated with decreased distress in high risk youth. Suicide is also a leading cause of death that can be prevented - and focusing on that window of intervention when youth are thinking about suicide, but have not yet progressed to suicidal behavior, is key.

Myths about suicide
Misconceptions and the lack of understanding of mental illness and suicide have persisted for decades. Myths around suicide can act as an obstacle to people’s willingness to discuss mental health and seek care. With suicide being a leading cause of death in the U.S., it’s imperative to debunk such myths and clarify the truth.

• Suicide happens without warning
In fact, most individuals with suicidal thoughts may communicate about their suicidal intentions. In psychological autopsy studies of adolescents who completed suicide, 50% had communicated their intent to family members.

• Suicide rates are highest around the holidays
In fact, rates are highest in May and June, and the lowest rates are in December. Although holidays are often cited as a major source of stress, this is also a time when individuals are around their families who may offer support or resources for help.

For additional reading on suicide across stages of life:

Behavioral Therapy for Pediatric Bipolar Disorder
https://uifightdepression.psych.uic.edu/pioneering-research/behavioral-therapy-for-pediatric-bipolar-disorder

Child- and Family-Focused Cognitive Behavioral Therapy for Pediatric Bipolar Disorder: Applications for Suicide Prevention

Cognitive and family correlates of current suicidal ideation in children with bipolar disorder

Innate immunity in the postmortem brain of depressed and suicide subjects: Role of Toll-like receptors