

Suicidality *A Healing Journey*

Accelerated Resolution Therapy

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Rae Shirah, LMFT, LPC

Goals and Objectives

Goal: Understanding Where We Are Today

Objective: Recognize the Prevalence of Suicide in Adults, Teens and children

Objective: Summarize Statistics and Recent Findings Related to Mental Health and Suicide

Goal: Considerations in assessing and preventing suicide

Objective: Apply Efficacious Interventions for Suicide Assessment and Prevention with ART



People who struggle with suicidal thoughts say it comforts them to know they can die by suicide if ever the pain of life gets to be too much for them.

The soothing nature of having an this type of escape is sometimes referred to as “suicide fantasy as life–sustaining recourse.”

“The thought of suicide is a great consolation: by means of it one gets successfully through many a bad night.” Friedrich Nietzsche

- ▶ Suicide is an attempt to escape intense pain and hopelessness. People often say they don't want to die. They just want to "kill the pain."¹
- ▶ Suicide is always complicated. There is rarely one reason why someone dies by suicide.¹
- ▶ Some of the more common vulnerabilities include a history of trauma, a mental illness, substance abuse, or those who are struggling with sexual orientation or gender identity issues.¹
- ▶ Burdensomeness and lack of belonging often drive suicidal thinking.¹
- ▶ Suicide risk is dynamic. Thoughts of suicide can fluctuate 180 degrees over several hours.¹
- ▶ Less than 50% of people who die by suicide have ever seen a counselor.²

Across the Nation

According to the Centers for Disease Control and Prevention (CDC)

- ▶ Suicide is the 10th leading cause of death for all ages. 2
- ▶ 2nd leading cause of death for youth and young adults between the ages of 10–34.2
- ▶ Approximately 46,000 people died by suicide in 2020²
- ▶ There is approximately 1 death every 11 minutes²
- ▶ 12.2 million Adults Seriously thought about suicide²
- ▶ 3.2 million Made a plan for suicide²
- ▶ 1.2 million Attempted suicide²

*These numbers represents a reported drop by the CDC
from 2019–2020, a 3% overall decrease
in death by suicide for adults²*

Youth and Suicide

The 3% decline does not appear to be hold true for teens and children

- ▶ Teen suicide increased 26% from 8.9 to 11.2 deaths per 100,000 adolescents ages 15–19 between 2013–2015 and 2017–2019.⁵⁴
- ▶ Emergency room visits for suspected suicide attempts among girls between the ages of 12 and 17 increased by 26% during summer 2020⁴
- ▶ 50% increase during winter 2021 Compared with the same periods in 2019, researchers from the U.S. Centers for Disease Control and Prevention found.⁴
- ▶ In the same time, ER trips related to suspected suicide attempts among boys that same age and young adults aged 18 to 25 remained stable during the pandemic.⁴

Suicide Rates

- ▶ Have actually declined for older adults since 1999, but they remain higher than those in most other age groups.⁴
- ▶ Until recently, suicide rates leveled off or declined when people were in their 40s and 50s.⁴
- ▶ Baby boomers—born between 1946 and 1964—had higher suicide rates than other generations when they were adolescents and young adults, and have higher rates now.⁵

Men Have Highest Rates²

- ▶ Regardless of age, men, white and American Indian men in particular, have the highest suicide rates.²
- ▶ The suicide rate for non-Hispanic white men
 - 4x the rate for women of any racial or ethnic group
 - More than 2x the rate for black, Asian, or Hispanic men.²

Up To Date

- ▶ 334% spike₅
 - August 2020
 - Intentional self-harm claims among 13-18 year olds in the Northeast compared to the same month in 2019
 - FAIR Health
- ▶ Medical claims almost double₅
 - Nationally
 - Self-harm
 - In March and April 2020
- ▶ 119% Increase₅
 - Overdoses as a percentage of all medical

▶ 65% increase

- Calls and emails
- March–August, 2021
 - National Alliance on Mental Illness HelpLine₃

▶ 50% increase

- Call volume in 2020
 - Trevor Project, targets suicide prevention among LGBTQ youth
 - The jump in helpline calls hadn't let up by the end of 2020₃

▶ 180,000 calls

- Representing highest volume ever
 - Crisis Text Line
 - An increase of 30,000 from the previous month₃

Over 90% of those were from people under 35₃

Psychiatric Disorders

▶ Risk Factors^{6/7}

- Affective disorders
- Substance misuse
- Anxiety disorders
- Certain personality disorders
- Psychotic disorders

▶ Increased Risks^{8/9}

- 20x Bipolar affective disorder
- 10x schizophrenia

Comorbidity Matters

- ▶ Most suicide victims suffer from comorbid mental disorder₁₀
- ▶ 93% Mental Health or Substance Use Disorder₁₀
 - Prevalent disorders
 - 59% Depressive Disorders₁₀
 - Females 46%₁₀
 - Males 26%₁₀
 - 43% Alcohol Dependence or abuse (43%)₁₀
 - Males 39%₁₀
 - Females 18%₁₀

31% Personality Disorder₁₀

46% Medical Diagnosis – at least one₁₀

Lets look more deeply

- ▶ Hopelessness scales have been found to be significantly better than a depression inventory as an indicator of suicidal risk.¹²
- ▶ Hopelessness also correlated better than depression with self-ratings of the decreased value of the desire to go on living¹²
- ▶ Another study confirmed, while both depression and hopelessness correlated with the degree of suicidal intent as measured on a Suicide Intent Scale, the relationship between depression and suicidal intent was dependent on that between hopelessness and suicidal intent¹³

Depression & Anxiety

- ▶ 21 million people in the U.S. have depression¹⁴
- ▶ 8.4% percent of all adults in the country—have experienced a major depressive episode in the past year¹⁴
- ▶ It's estimated that 15 percent of the adult population will experience depression at some point in their lifetime.¹⁵

Anxiety disorders are the most common mental health concern in the United States.

- ▶ Over 40 million adults in the U.S. (19.1%) have an anxiety disorder¹⁷
- ▶ In the past year
 - An estimated 19.1% of U.S. adults had any anxiety disorder in the past year¹⁷
 - Past year prevalence of any anxiety disorder was higher for females (23.4%) than for males (14.3%)¹⁷
- ▶ An estimated 31.1% of U.S. adults experience any anxiety disorder at some time in their lives¹⁸

- ▶ For adolescents, depression, substance use and suicide are important concerns. Among adolescents aged 12–17 years in 2018–2019 reporting on the past year:
 - 15.1% had a major depressive episode.²²
 - 36.7% had persistent feelings of sadness or hopelessness²²
 - 4.1% had a substance use disorder²²
 - 1.6% had an alcohol use disorder²²
 - 3.2% had an illicit drug use disorder²²
 - 18.8% seriously considered attempting suicide²²
 - 15.7% made a suicide plan²²
 - 8.9% attempted suicide²²
 - 2.5% made a suicide attempt requiring medical treatment²²

Sexual Orientation and Gender Identity

- ▶ **Lesbian, gay, and bisexual kids** are 3x times more likely than straight kids to attempt suicide at some point in their lives²⁶
- ▶ **Medically serious attempts at suicide** are four times more likely among LGBTQ youth than other young people (CDC)²⁵
- ▶ **African American, Latino, Native American, and Asian American** people who are lesbian, gay, or bisexual attempt suicide at especially high rates²⁵
- ▶ **41% of trans adults** said they had attempted suicide, in one study. The same study found that²⁷
- ▶ **61% of trans people** who were victims of physical assault had attempted suicide²⁸
- ▶ **Lesbian, gay, and bisexual** young people who come from families that reject or do not accept them are over eight times more likely to attempt suicide than those whose families accept them²⁹
- ▶ **Each time an LGBTQ person** is a victim of physical or verbal harassment or abuse, they become 2.5 times more likely to hurt themselves ²⁹

Risk factors for Youth/Young Adults

- ▶ **Psychiatric disorders**
 - Major depressive₂₄
 - Bipolar₂₄
 - Substance use₂₄
 - Conduct disorders₂₄

- ▶ **Psychiatric comorbidity**
 - In combination of mood, disruptive and substance abuse disorders₂₄
 - Family history of depression or suicide₂₄
 - Loss of a parent to death or divorce₂₄
 - Physical and/or sexual abuse₂₄
 - Lack of a support network₂₄
 - Feelings of social isolation₂₄
 - Bullying₂₄

Disproportionate experience factors linked to suicide

- ▶ Substance Misuse₃₀
- ▶ Job or Financial Problems₃₀
- ▶ Relationship Problems₃₀
- ▶ Physical or Mental Health Problems₃₀
- ▶ Easy Access to Lethal Means₃₀

Violence₃₁

- Childhood Experiences₃₁
 - physical abuse₃₁
 - Bullying₃₁
 - sexual violence₃₁

Substance Misuse

- ▶ Individuals with SA disorders are 6x times more likely to complete suicide than people who don't have drug or alcohol problems³¹
- ▶ The rate of completed suicide among men with alcohol/drug abuse problems is 2–3x higher than among those without a problem³²
- ▶ Women who abuse substances are at 6–9x higher risk of suicide compared to women who do not have a problem³²
- ▶ Approximately 22% of deaths by suicide have involved alcohol intoxication³³
- ▶ Opiates were present in 20% of suicide deaths³³
- ▶ Marijuana in 10.2%³³
- ▶ Cocaine in 4.6%³³
- ▶ Amphetamines 3.4%³³

Among the reported substances, alcohol and opioids are associated with the greatest risks of suicidal behavior.

PTSD

- ▶ 63.6% of the time at greater risk³⁵
 - Emotional neglect and emotional abuse scores tended to be higher in the suicide risk group³⁵
 - The higher prevalence of suicide risk in individuals with PTSD and support the hypothesis that the investigation of childhood traumatic experiences, especially emotional neglect and abuse, may help in the early detection of suicide risk in individuals with PTSD.³⁵

OCD and Suicide

- ▶ Recent studies suggest that people with OCD are 10x times more likely to die by suicide than the general population.³⁶

Sexual Abuse Is a Widespread Problem

The National Society for the Prevention of Cruelty to Children

helpline received on average 26 contacts a day from people concerned a child is being or has been sexually exploited and/or abused⁵³

- ▶ 36% (record numbers 4,735) increase over the previous year at the same time⁴¹
- ▶ Increase in the first six months of 2021 /22 when compared to the same six months of the previous year⁴¹
- ▶ 40% of the child sexual exploitation and/or abuse was reported to have happened in the last six months⁴¹
- ▶ Nearly 70% of all reported sexual assaults (including assaults on adults) occur to children aged 17 and under ^{42/43}
- ▶ 1 in 3 girls are sexually abused before the age of 18⁴⁴
- ▶ 1 in 5 boys are sexually abused before the age of 18⁴⁴
- ▶ 1 in 5 children are solicited sexually while on the Internet before the age of 18⁴⁴

Approximately 70 women commit suicide every day in the US following an act of sexual violence.

- ▶ **2.87% over the last year**⁴⁶

Statistics show that 1 in 6 US women will be raped annually in the US.⁴⁷

- ▶ **Surveys and rape statistics by gender have found that 1 in 6 American women**⁴⁷
- ▶ **1 in 33 American men has experienced an attempted/completed rape as a child or adult**⁴⁷
- ▶ **These numbers are predicted to rise exponentially over the next three years**^{48/49}
- ▶ **An American is sexually assaulted every 68 seconds**⁴⁹

Important To Understand

Anxiety disorders, especially panic disorder and PTSD, are independently associated with suicide attempts⁵⁰

Clinicians need to assess suicidal behavior among patients presenting with anxiety as well as depression problems⁵¹

Studies indicate that childhood trauma is associated with depression and anxiety in adulthood^{50/51/52}

It has also been suggested that anxiety and depression mediate the relationship between childhood trauma and suicide⁵³

Correlations

In this 2017 study, Bahk, Y. C., Jang, S. K et. al find direct predictors to suicide...⁵⁴

▶ Childhood Sexual Abuse

- “Our results confirmed that childhood sexual abuse is a strong predictor of suicidal ideation.”⁵⁴

▶ Anxiety

- “Perceived social support mediated the relationship between suicidal ideation and neglect. Anxiety fully mediated the relationship between suicidal ideation and both physical abuse and emotional abuse.”^{54/55}

Although the literature is sparse, there exists evidence for an association, even independent of other mental disorders, between somatic symptom and related disorders and suicide outcomes

Trauma

Working definition of trauma

Anything that is too much, too soon, or too fast for our nervous system to handle, especially if we can't reach a successful resolution.

Naming trauma or sexual trauma does not imply that the trauma leads to complete breakdown, it could represent a decreased ability to experience satisfaction, emotion, or physical pleasure⁵⁶

- ▶ When a person is exposed to overwhelming stress, threat or injury, they develop a **fixed and maladaptive procedural memory that interferes with the capacity of the nervous system to respond flexibly and appropriately**⁵⁶
- ▶ Trauma occurs when these implicit memories are not neutralized. The failure to restore flexible responsiveness is the basis for many of the dysfunctional and debilitating symptoms of trauma⁵⁶

Reactions

Emotional reactions to trauma can vary greatly and are significantly influenced by the individual's sociocultural history.

Beyond the initial emotional reactions during the event, those most likely to surface include

Anger

Fear

Sadness

shame.

It is often difficult for IND's to identify of these feelings for various reasons

Lack experience with or prior exposure to emotional expression in their family or community

May associate strong feelings with the past trauma, thus believing that emotional expression is too dangerous or will lead to feeling out of control (e.g., a sense of "losing it" or going crazy).

Deny that they have any feelings associated with their traumatic experiences and define their reactions as numbness or lack of emotions.⁵⁷

Emotional dysregulation

- ▶ Some trauma survivors have difficulty regulating emotions such as anger, anxiety, sadness, and shame—this is more so when the trauma occurred at a young age.⁵⁷
- ▶ Traumatic stress tends to evoke two emotional extremes: feeling either too much (overwhelmed) or too little (numb) emotion.⁵⁷

Numbing

- ▶ Numbing is a biological process whereby emotions are detached from thoughts, behaviors, and memories.⁵⁷

Physical

- ▶ Diagnostic criteria for PTSD place considerable emphasis on psychological symptoms
 - IND's who have experienced traumatic stress may present initially with physical symptoms
 - Primary care may be the first and only door through which these individuals seek assistance for trauma-related symptoms
 - There is a significant connection between trauma, including adverse childhood experiences (ACEs), and chronic health conditions.
 - Common physical disorders and symptoms include somatic complaints; sleep disturbances; gastrointestinal, cardiovascular, neurological, musculoskeletal, respiratory, and dermatological disorders; urological problems; and substance use disorders₅₈

Somatization

- ▶ Somatization indicates a focus on bodily symptoms or dysfunctions to express emotional distress
- ▶ Somatic symptoms are more likely to occur with individuals who have traumatic stress reactions, including PTSD₅₉

Why ART

“Specifically, it has been shown that whenever we recall an emotional memory, that memory becomes open to change. As a matter of fact, we are always making changes to emotional memories when we recall them, we just didn’t realize that this was happening.”⁵⁹

Neuroplasticity

- ▶ Neuroplasticity, also known as neural plasticity, or brain plasticity, is the ability of neural networks in the brain to change through growth and reorganization. These changes range from individual neuron pathways making new connections, to systematic adjustments like cortical remapping. Examples of neuroplasticity include circuit and network changes that result from learning a new ability, environmental influences, practice, and psychological stress.⁵⁷

- ▶ Today, we now know that the brain can
 - reorganize neural pathways
 - make new connections
 - regenerate neurons
 - Neurons are the nerve cells that serve as the building blocks of the brain and the whole nervous system. All these are naturally occurring, and it depends on what we do with the gray matter that we have as evolving beings
 - Neuroplasticity is quite remarkable when you think of all the possibilities and changes it can bring to your body and your life in general⁶⁰

Reconnect

Emotion, body and memories /imagery

ART Script

IND's experiencing suicidal ideation may not be able to use the words on the Artometer left and often add the word "numb"

▶ Process numb

IND's will either

- Report nothing has moved or changed
- Begin identifying sensation in the body
 - I often ask them to check for heaviness, dizziness, pain, tingling, blackness, places in the body that feel disconnected
- When processing numb understand the intensity of emotion numb is covering and possible outcomes of reconnecting
 - 15 yr old with SI - unable to stabilize

Important to follow the script for processing early sensations

Suicidal Imagery

- ▶ Suicide-related imagery is an important component in the phenomenology of depression and despair and hint at potentially important differences in the meaning associated with such imagery between those individuals who report experiencing suicidal ideation or behaviour when depressed and those who do not
- ▶ The findings are consistent with Joiner's model of acquired capability for suicide through habituation to pain and fear of suicide and suggest that it may be useful to tackle such imagery directly in the treatment of suicidal patients.⁶¹
- ▶ *“Have you imagined or experienced mental images about death, dying, or suicide?”*

ART and Imagery

When the body is used to identify specific sensations and connect those sensations to the specific emotions connecting the event/memory they are then fully able to access the memories/images allowing their brain to see the problem

- ▶ What fires together wires together
- ▶ We can use that window to change the imagery of the memory, keeping all the facts
- ▶ Moving suicidal sensations is enough help people survive
- ▶ Changing images help people transition from surviving to thriving

Trauma and ART

People with trauma often live feeling disconnected from their body and often describe their body as a crime scene.

ART Helps

- Emotionally
 - Identifying and Connecting Emotions
 - Processing sensations
- Physically
 - Identifying Where the Body has stored the Trauma
 - Using body scan
 - The more effective we are helping IND's scan their body the greater their ability to process the sensations
 - Images/Memories
 - Are connected to the five senses
 - What fires together wires together
 - Re-firing and re-wiring

In the Field

- ▶ Challenges for Clinicians in assessing suicide
 - May not
 - Understand the prevalence of suicide
 - Have access to assessment screeners or understand to use them
 - Feel comfortable asking the questions or feel comfortable interpreting the answers
 - Understand criteria
 - Know how to access processes in the community such as involuntary referrals
 - Know what state guidelines for involuntary
 - Have connection with community agencies

What To Do

- ▶ Become skilled in recognizing and supporting anyone in distress
- ▶ Everyone should be trained in suicide prevention, so that if they are worried that they are at risk for suicide, or if their friends, colleagues, or family members are struggling, they will know how to support them, how to ask directly about suicide, and what resources are available
 - QPR Training
 - Or just know the numbers and who is at risk
- ▶ The number one protective factor against suicide is social connection
 - Get people connected
 - Know your community resources
 - Know your processes internally and externally for involuntary evaluation
 - Build relationships with medical professionals
 - Build your peer relationships
 - Look for opportunities to education the community especially if there are gaps
- ▶ Resilience is not a trait people are born with, yet everyone will experience overwhelmingly stressful events in their lives that require the ability to manage intense emotional reactions.
 - We can learn coping skills
 - We can learn cognitive flexibility
 - We can learn how to manage distress
 - We can learn how to be more interpersonally effective
 - We can learn how to physically and emotionally regulate during stressful times

In 1941 The UK was facing a numerically superior enemy that had steamrolled through Europe.

We are facing
an numerically superior enemy now.

<https://youtu.be/wVEiskNv1hs>

- **Winston Churchill**

References

1. Zhang, J., & Li, Z. (2013). The association between depression and suicide when hopelessness is controlled for. *Comprehensive Pappas, S.* (2021, August). New research in suicide prevention. *Monitor on Psychology, 52*(6). <http://www.apa.org/monitor/2021/09/news-suicide-prevention>
2. Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nature reviews Disease primers, 5*(1), 1–22.
3. U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. (Updated 2021). NIMH Strategic Plan for Research (NIH Publication No. 20–MH–8120). Retrieved from <https://www.nimh.nih.gov/sites/default/files/documents/about/strategic-planning-reports/NIMH-Strategic-Plan-for-Research-2021-Update.pdf>. <https://www.nimh.nih.gov>
4. Content source: [Centers for Disease Control and Prevention, National Center for Injury Prevention and Control](#) Centers for Disease Control and Prevention. (2015, February). *NCHS data brief: Prescription opioid analgesic use among adults: United States, 1999–2012* (No. 189). Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db189.htm>
5. [More “Covid Suicides” than Covid Deaths in Kids | AIER/IAER](#) – American Institute of Economic Research <https://aier.org/article/more-covid-suicides-than-covid-deaths-in-kids/>
6. Julie A. Phillips et al., “Understanding Recent Changes in Suicide Rates Among the Middle-Aged: Period or Cohort Effects?” *Public Health Reports* 125 (2010): 680–88.
7. “Suicide Trends Among Youths and Young Adults Aged 10–24 Years—United States, 1990–2004,” *MMWR Weekly* 56, no. 34 (Sept. 7, 2007): 905–8.
8. Centers for Disease Control and Prevention. *Community Health and Program Services: Health Disparities Among Racial/Ethnic Populations*. S. Department of Health and Human Services: Atlanta, GA. 2008.
9. World Health Organization. *Global Health Estimates 2016: Disease burden by Cause, Age, Sex, by Country and by Region, 2000–2016*. (2018). World Statistics slide
10. World Health Organization. *Global Health Estimates 2016: Disease burden by Cause, Age, Sex, by Country and by Region, 2000–2016*. (2018). World Statistics slide
11. Bridge JA, Asti L, Horowitz LM, et al. Suicide Trends Among Elementary School-Aged Children in the United States From 1993 to 2012. *JAMA Pediatr.* 2015;169(7):673–677. doi:10.1001/jamapediatrics.2015.046 [National Trends in Suicide Thoughts and Behavior among US Adults with Opioid Use Disorder from 2015 to 2020](#), 2 March 2022 | Substance Use & Misuse, Vol. 130
12. Bolton JM, Cox BJ, Afifi TO, Enns MW, Bienvenu OJ, Sareen J. Anxiety Disorders and Risk for Suicide Attempts: Findings from the Baltimore Epidemiologic Catchment Area Follow-up Study. *Depression and Anxiety.* 2008;25:477–481. [[PubMed](#)] [[Google Scholar](#)]
13. Bolton JM, Cox BJ, Clara I, Sareen J. Use of Alcohol and Drugs to Self-Medicate Anxiety Disorders in a Nationally Representative Sample. *J Nerv Ment Dis.* 2006;194:818–825. [[PubMed](#)] [[Google Scholar](#)]
14. Tidelmalm D, Langstrom N, Lichtenstein P, Runeson B. Risk of suicide after suicide attempt according to coexisting psychiatric disorder: Swedish cohort study with long term follow-up. *BMJ.* 2008;337:a2205. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
15. Suicide risk is highest among patients with bipolar disorder (odds ratio=7.77) and unipolar affective disorder (odds ratio=6.67), followed by schizophrenia (odds ratio=6.55) and anxiety disorders (odds ratio=3.57–6.64) (4).

16. Henriksson MM, Aro HM, Marttunen MJ, Heikkinen ME, Isometsä ET, Kuoppasalmi KI, Lönnqvist JK. Mental disorders and comorbidity in suicide. *Am J Psychiatry*. 1993 Jun;150(6):935–40. doi: 10.1176/ajp.150.6.935. PMID: 8494072. <https://doi.org/10.1016/j.comppsy.2013.03.004>
17. González-Pinto A, Aldama A, González C, et al. Predictors of suicide in first-episode affective and nonaffective psychotic inpatients: five-year follow-up of patients from a catchment area in Vitoria, Spain. *J Clin Psychiatry*. 2007;68:242–247.
18. *Global Health Estimates 2016: Disease burden by Cause, Age, Sex, by Country and by Region, 2000–2016*. (2018).
19. Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21–07–01–003, NSDUH Series H–56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
20. Al-Harbi K. S. (2012). Treatment-resistant depression: therapeutic trends, challenges, and future directions. *Patient preference and adherence*, 6, 369–88. <https://doi.org/10.2147/PPA.S29716>
21. DeJong, T. M., Overholser, J. C., & Stockmeier, C. A. (2010). Apples to oranges?: a direct comparison between suicide attempters and suicide completers. *Journal of affective disorders*, 124(1–2), 90–97. <https://doi.org/10.1016/j.jad.2009.10.020>
22. Based on diagnostic interview data from the National Comorbidity Study Replication (NCS–R), Figure 1 shows past year prevalence of any anxiety disorder among U.S. adults aged 18 or older.¹Harvard Medical School, 2007. National Comorbidity Survey (NCS). (2017, August 21). Retrieved from <https://www.hcp.med.harvard.edu/ncs/index.php>. Data Table 2: [12-month prevalence DSM-IV/WMH-CIDI disorders by sex and cohort](#).
23. Harvard Medical School, 2007. National Comorbidity Survey (NCS). (2017, August 21). Retrieved from <https://www.hcp.med.harvard.edu/ncs/index.php>. ata Table 1: [Lifetime prevalence DSM-IV/WMH-CIDI disorders by sex and cohort](#).
24. Child and Adolescent Health Measurement Initiative. [Title of the document] [Insert name and year of survey]. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].
25. Merikangas, K., Hep, J., Burstein, M., Swanson, S., Avenevoli, S., Cui, L., Benezet, C...Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS–A). *Journal of American Academy of Child and Adolescent Psychiatry*. 49(10): 980–989. doi: 10.1016/j.jaac.2010.05.017
26. Kessler, Ronald C. National Comorbidity Survey: Adolescent Supplement (NCS–A), 2001–2004. Inter-university Consortium for Political and Social Research [distributor], 2017–01–18. <https://doi.org/10.3886/ICPSR28581.v6>
27. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617–27. PMID: 15939839
28. Page last reviewed: February 24, 2022Content source: [National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and PreventionData and Statistics on Children's Mental Health | CDC](#)
29. Cash, Scottye J, and Jeffrey A Bridge. "Epidemiology of Youth Suicide and Suicidal Behavior." *Current Opinion in Pediatrics* 21, no. 5 (October 2009): 613–19. <https://doi.org/10.1097/MOP.0b013e32833063e1>.
30. American Psychological Association. (2001, November). Warning signs. *Monitor on Psychology*, 32(10). <http://www.apa.org/monitor/nov01/warningsigns>
31. Data from the Centers for Disease Control and Prevention, accessed at <http://205.207.175.93/HDI/TableViewer/tableview.aspx>, on Oct. 26, 2010.
32. di Giacomo E, Krausz M, Colmegna F, Aspesi F, Clerici M. Estimating the Risk of Attempted Suicide Among Sexual Minority Youths: A Systematic Review and Meta-analysis. *JAMA Pediatr*. 2018;172(12):1145–1152. doi:10.1001/jamapediatrics.2018.2731
33. [\(National Strategy for Suicide Prevention, Appendix D\)](#). di Giacomo E, Krausz M, Colmegna F, Aspesi F, Clerici M. Estimating the Risk of Attempted Suicide Among Sexual Minority Youths: A Systematic Review and Meta-analysis. *JAMA Pediatr*. 2018;172(12):1145–1152. doi:10.1001/jamapediatrics.2018.2731
34. [\(National Transgender Discrimination Survey\)](#). Whittle, S., Turner, L., Combs, R., & Rhodes, S. (2008). Transgender EuroStudy: Legal Survey and Focus on the Transgender Experience of Health Care. Brussels, Belgium and Berlin, Germany: ILGA–Europe and TransGender Europe. Retrieved July 15, 2013, from <http://tgeu.org/sites/default/files/eurostudy.pdf>.
35. *(Pediatrics* (Vol. 123, No. 1)). Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual and transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University. 2 Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay and bisexual young adults. *Pediatrics*, 123(1): 346–352. 3 Wilbur, S., Ryan, C., & Marksamer, J. (2006). Best practices guidelines: Serving LGBT youth in out-of-home care. Washington, DC: Child Welfare League of America (CWLA).

36. Centers for Disease Control and Prevention, National Center for Health Statistics. WONDER Online Database, Underlying Cause of Death. A yearly average of each CDC classified urbanization level was developed using five years of most recent available data: 2016 to 2020.
37. Centers for Disease Control and Prevention, National Center for Health Statistics. WONDER Online Database, Underlying Cause of Death. A yearly average was developed using five years of the most recent available data: 2016 to 2020.
38. Dragisic, T., Dickov, A., Dickov, V., & Mijatovic, V. (2015). Drug Addiction as Risk for Suicide Attempts. *Materia socio-medica*, 27(3), 188–191. <https://doi.org/10.5455/msm.2015.27.188-19>
39. Wilcox HC, Conner KR, Caine ED, et al.: Association of alcohol and drug use disorders and completed suicide: an empirical review of cohort studies. **Drug Alcohol Depend** 2004; 76:S11–S19 [Crossref](#), [Google Scholar](#)
40. Centers for Disease Control and Prevention, National Center for Health Statistics. WONDER Online Database, Underlying Cause of Death. A percent change was developed using 2011 to 2020 age-adjusted rates for all ages
41. Anglemeyer A, Horvath T, Rutherford G. The accessibility of firearms and risk for suicide and homicide victimization among household members: a systematic review and meta-analysis. *Annals of Internal Medicine*. 2014;160:101–110.
42. Centers for Disease Control and Prevention, National Center for Health Statistics. WONDER Online Database, Underlying Cause of Death. A yearly average was developed using five years of the most recent available data: 2015 to 2019. White defined as non-Hispanic white.
43. Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2016. <https://www.cdc.gov/violenceprevention/about/connectingthedots.html>
44. Bahk, Y. C., Jang, S. K., Choi, K. H., & Lee, S. H. (2017). The Relationship between Childhood Trauma and Suicidal Ideation: Role of Maltreatment and Potential Mediators. *Psychiatry investigation*, 14(1), 37–43. <https://doi.org/10.4306/pi.2017.14.1.37>
45. Bach SL, Molina MAL, Jansen K, da Silva RA, Souza LDM. Suicide risk and childhood trauma in individuals diagnosed with posttraumatic stress disorder. *Trends Psychiatry Psychother*. 2018 Jul–Sep;40(3):253–257. doi: 10.1590/2237–6089–2017–0101. Epub 2018 Aug 23. PMID: 30156648.
46. Qassem T, Aly–ElGabry D, Alzarouni A, Abdel–Aziz K, Arnone D. **Psychiatric co-morbidities in post-traumatic stress disorder: detailed findings from the adult psychiatric morbidity survey in the english population**. *Psychiatr Q*. 2021;92(1):321–330. doi:10.1007/s11126–020–09797–4
47. 3Division (DCD) DC. [What are the five major types of anxiety disorders?](#) February 2014. HHS.gov.
48. Tripp, J. C., Worley, M. J., Straus, E., Angkaw, A. C., Trim, R. S., & Norman, S. B. (2020). **Bidirectional relationship of posttraumatic stress disorder (PTSD) symptom severity and alcohol use over the course of integrated treatment**. *Psychology of Addictive Behaviors*, 34(4), 506–511. doi:10.1037/adb0000564
49. Simpson TL, Rise P, Browne KC, Lehavot K, Kayven D. **Clinical presentations, social functioning, and treatment receipt among individuals with comorbid life-time PTSD and alcohol use disorders versus drug use disorders: findings from NESARC-III**. *Addiction*. 2019;114(6):983–993. doi:10.1111/add.14565
50. Mikolajewski AJ, Scheeringa MS. **Links between oppositional defiant disorder dimensions, psychophysiology, and interpersonal versus non-interpersonal trauma**. *J Psychopathol Behav Assess*. Published online September 15, 2021. doi:10.1007/s10862–021–09930–y
51. Fernández de la cruz L, Rydell M, Runeson B, D’Onofrio B, Brander G, Rück C, Lichtenstein P, Larsson H, Mataix-Cols D. **Suicide in obsessive–compulsive disorder: a population-based study of 36 788 Swedish patients**. *Mol Psychiatry*. 2017;22(11):1626–1632. doi:10.1038/mp.2016.115
52. In April – September 2021, the NSPCC responded to the highest monthly average number of contacts about domestic abuse since the current recording method began, in 2017.
53. Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey: 2015 data brief – updated release*. Centers for Disease Control and Prevention.
54. Conner A, Azrael D, Miller M. Suicide Case–Fatality Rates in the United States, 2007 to 2014: A Nationwide Population–Based Study. *Ann Intern Med*. December 2019:885–895.
55. rate. Soffen K. To reduce suicides, look at guns. *The Washington Post*. July 13, 2016. <https://wapo.st/217MCUx>. Yip PS, Caine E, Yousuf S, Chang SS, Wu KC, Chen YY. Means restriction for suicide prevention. *The Lancet*. 2012;379(9834):2393–2399.
56. <https://www.rainn.org/statistics/victims-sexual-violence>
57. United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Child Maltreatment Survey, 2016 (2018).
58. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Sex Offenses and Offenders (1997).
59. David Finkelhor, Anne Shattuck, Heather A. Turner, & Sherry L. Hamby, *The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence*, 55 *Journal of Adolescent Health* 329, 329–333 (2014)
60. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Sexual Assault of Young Children as Reported to Law Enforcement (2000).
61. H.M Zinzow, H.S. Resnick, J.L. McCauley, A.B. Amstadter, K.J. Ruggiero, & D.G. Kilpatrick, Prevalence and risk of psychiatric disorders as a function of variant rape histories: results from a national survey of women. *Social psychiatry and psychiatric epidemiology*, 47(6), 893–902 (2012).
62. United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Child Maltreatment Survey. Exhibit 5–2 Selected Maltreatment Types by Perpetrator’s Sex. Page 65. (2013).
63. Snyder, H. N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved January 12, 2009 from <http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf>

64. National Crime Victimization Survey, Statistic calculated by staff at Crimes against Children Research Center. 2002.
65. National Childrens Alliance, <https://americanspcc.org/sexual-child-abuse>, Accessed on 03.07.2022
66. *National annual child abuse statistics cited from U.S. Administration for Children & Families, Child Maltreatment 2018. This data, released annually, is the most current federal data available.* <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>
67. *National Children's Alliance 2019 national statistics collected from Children's Advocacy Center members and available on the NCA website:* <https://www.nationalchildrensalliance.org/cac-statistics>
68. [National Statistics on Child Abuse – National Children's Alliance \(nationalchildrensalliance.org\)](https://www.nationalchildrensalliance.org)
69. ["The Scope of Child Sexual Abuse Definition and Fact Sheet" | Stop It Nows](#)
70. Mullen PE, Martin JL, Anderson JC, Romans SE, Herbison GP. The long-term impact of the physical, emotional, and sexual abuse of children: a community study. *Child Abuse Negl.* 1996;20:7-21. [[PubMed](#)] [[Google Scholar](#)]
71. McCauley J, Kern DE, Kolodner K, Dill L, Schroeder AF, DeChant HK, et al. Clinical characteristics of women with a history of childhood abuse: unhealed wounds. *JAMA.* 1997;277:1362-1368. [[PubMed](#)] [[Google Scholar](#)]
72. Hovens JG, Wiersma JE, Giltay EJ, Van Oppen P, Spinhoven P, Penninx BW, et al. Childhood life events and childhood trauma in adult patients with depressive, anxiety and comorbid disorders vs. controls. *Acta Psychiatr Scand.* 2010;122:66-74. [[PubMed](#)] [[Google Scholar](#)]
73. Thompson R, Briggs E, English DJ, Dubowitz H, Lee LC, Brody K, et al. Suicidal ideation among 8-year-olds who are maltreated and at risk: findings from the LONGSCAN studies. *Child Maltreat.* 2005;10:26-36. [[PubMed](#)] [[Google Scholar](#)]
74. Isometsä ET, Lönnqvist JK. Suicide attempts preceding completed suicide. *Br J Psychiatry.* (1998) 173:531-5. doi: 10.1192/bjp.173.6.531 – World Statistics slide
75. Bostwick JM, Pabbati C, Geske JR, McKean AJ. Suicide attempt as a risk factor for completed suicide: even more lethal than we knew. *Am J Psychiatry.* (2016) 173:1094-100. doi: 10.1176/appi.ajp.2016.15070854 World Statistics slide
76. Borges G, Angst J, Nock MK, Ruscio AM, Walters EE, Kessler RC. A Risk Index for 12-Month Suicide Attempts in the National Comorbidity Survey Replication (NCS-R) *Psychol Med.* 2006 Dec;36(12):1747-1757. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
77. Borges G, Angst J, Nock M, Ruscio AM, Kessler RC. Risk Factors for the Incidence and Persistence of Suicide-Related Outcomes: A 10-Year Follow-up Study Using the National Comorbidity Surveys. *Journal of Affective Disorders.* 2008;105:25-33. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
78. [Home | AFSP](#)
79. [Improving Suicide Prevention Through Evidence-Based Strategies: A Systematic Review](#) [J. John Mann, M.D., Christina A. Michel, M.A., Randy P. Auerbach, Ph.D](#) Published Online:18 Feb 2021 <https://doi.org/10.1176/appi.ajp.2020.20060864>

Recommended Resources

Youth & Adolescent Resources

- ▶ [Adolescent Suicide Prevention – Watch the Webinar On-Demand](#)
- ▶ <https://suicidepreventionlifeline.org/help-yourself/youth/>
- ▶ <https://youth.gov/youth-topics/youth-suicide-prevention>
- ▶ <https://youth.gov/youth-topics/youth-suicide-prevention>
- ▶ <https://childadolescentpsych.cumc.columbia.edu/articles/suicide-prevention-resources>
- ▶ <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators>
- ▶ <http://www.heardalliance.org/families-suicide/>

Adult Resources

- ▶ <https://afsp.org/suicide-prevention-resources>
- ▶ <https://www.samhsa.gov/childrens-awareness-day/past-events/2019/resources-suicide-prevention>
- ▶ <https://www.cdc.gov/suicide/resources/index.html>
- ▶ <https://www.sprc.org/>

Recommended Resources

PTSD

- ▶ https://www.ptsd.va.gov/understand/related/suicide_ptsd.asp
- ▶ <https://starttheconversation.veteranscrisisline.net/pdf/veteran-post-traumatic-stress-disorder-and-suicide-prevention/>

Veterans

- ▶ <https://www.va.gov/health-care/health-needs-conditions/mental-health/suicide-prevention/>

Victims of Sexual Violence

- ▶ [Suicide risk following child sexual abuse – PubMed \(nih.gov\)](#)
- ▶ <https://www.rainn.org/national-resources-sexual-assault-survivors-and-their-loved-ones>
- ▶ https://www.wcsap.org/sites/default/files/uploads/webinars/Suicide_Intervention_Recording/Networks_for_Life_for_Sexual_Assault_Care.pdf