Suicide Prevention & Awareness for the Workforce: Best Practices for HR Professionals and Managers

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Learning Objectives

1. Become familiar with suicide risk factors and national statistics regarding risk
2. Become knowledgeable of how to talk to employees who may be in crisis and thinking of suicide
3. Learn best practice after a suicide event
4. Become familiar with resources that are available to you and your workforce

Suicide is preventable!

Myths & Facts about Suicide & Self-Directed Violence

Myths & Facts

Talking to a person about suicide can give them ideas or be interpreted as encouragement

Myths & Facts

Talking to a person about suicide can “give them ideas” or be interpreted as encouragement

False. Evidence shows that talking about it does not encourage suicidal behavior. It can instead provide persons with options for seeking help, making safety plans, etc.

Myths & Facts

Only people with psychiatric disorders are suicidal

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False. Many people coping with mental disorders are not suicidal and not all people who take their own lives have a mental disorder

Myths & Facts

The majority of suicides occur without warning signs

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False. The majority are proceeded by warning signs (some estimates indicate 8 out of 10 suicides). These include both verbal and behavioral signs. Some suicides occur without warning.

Myths & Facts

A person who is suicidal is determined to die

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A person who is suicidal is determined to die

False. Suicidal persons are often ambivalent about living or dying.

Myths & Facts

Once a person is suicidal, they will always remain suicidal/high-risk

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Once a person is suicidal, they will always remain suicidal/high-risk

False. Heightened risk is often short-term and situational. Suicidal thoughts are not permanent.

Myths & Facts

Once the emotional state improves, this risk for suicide is gone

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Once the emotional state improves, this risk for suicide is gone

False. The highest rates of suicide occur within three months of improvement in depressed state!

Myths & Facts

A person who attempts with non-lethal methods is not serious about dying

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A person who attempts with non-lethal methods is not serious about dying

False. Many people attempt prior to completing suicide and they may “test the waters”

Myths & Facts

More suicides occur during the holidays

Myths & Facts

More suicides occur during the holidays

False. According the CDC, November and December have the fewest suicides!

Definitions

CDC Nomenclature:

- **Self-directed violence** (analogous to self-injurious behavior) - Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
  - **Non-suicidal self-directed violence -** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent
  - **Suicidal self-directed violence -** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent.
- **Suicide**
  Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.
- **Suicide attempt**
  A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.
- **Suicidal ideation**
  Thinking about, considering, or planning suicide.

(CDC,2011)

Definitions

The terms “committed” suicide, “completed suicide” and “successful suicide” are not considered unacceptable!

The preferred terms are “death by suicide” or "died by suicide"

Need-to-Know Statistics Regarding Suicide & Self-Directed Violence

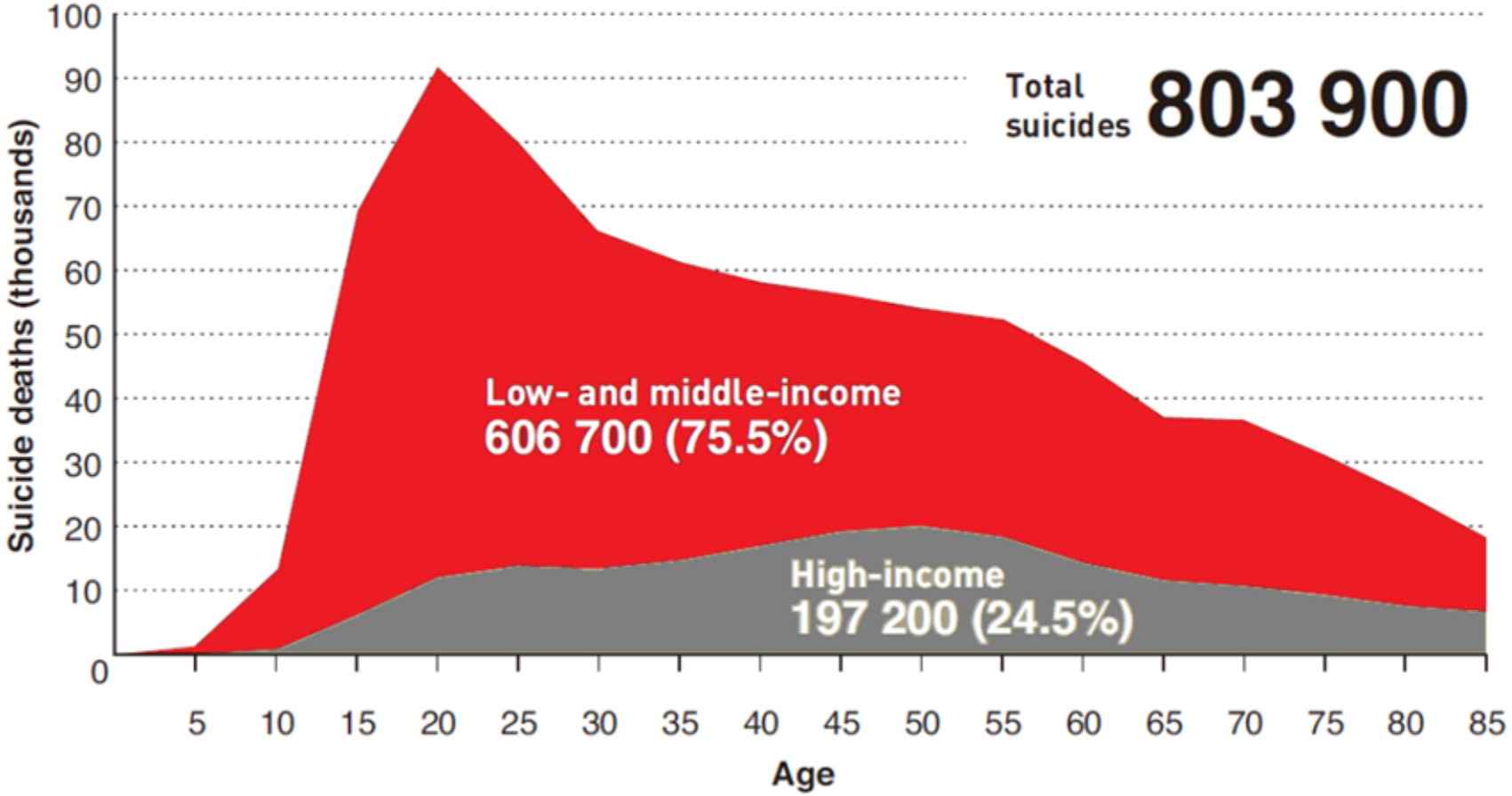
10 Leading Causes of Death by Age Group, United States – 2015

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,825	Unintentional Injury 1,235	Unintentional Injury 755	Unintentional Injury 763	Unintentional Injury 12,514	Unintentional Injury 19,795	Unintentional Injury 17,818	Malignant Neoplasms 43,054	Malignant Neoplasms 116,122	Heart Disease 507,138	Heart Disease 633,842
2	Short Gestation 4,084	Congenital Anomalies 435	Malignant Neoplasms 437	Malignant Neoplasms 428	Suicide 5,491	Suicide 6,947	Malignant Neoplasms 10,909	Heart Disease 34,248	Heart Disease 76,872	Malignant Neoplasms 419,389	Malignant Neoplasms 595,930
3	SIDS 1,568	Homicide 369	Congenital Anomalies 181	Suicide 409	Homicide 4,733	Homicide 4,863	Heart Disease 10,387	Unintentional Injury 21,499	Unintentional Injury 19,488	Chronic Low. Respiratory Disease 131,804	Chronic Low. Respiratory Disease 155,041
4	Maternal Pregnancy Comp. 1,522	Malignant Neoplasms 354	Homicide 140	Homicide 158	Malignant Neoplasms 1,469	Malignant Neoplasms 3,704	Suicide 6,936	Liver Disease 8,874	Chronic Low. Respiratory Disease 17,457	Cerebro-vascular 120,156	Unintentional Injury 146,571
5	Unintentional Injury 1,291	Heart Disease 147	Heart Disease 85	Congenital Anomalies 156	Heart Disease 997	Heart Disease 3,522	Homicide 2,895	Suicide 8,751	Diabetes Mellitus 14,166	Alzheimer's Disease 109,495	Cerebro-vascular 140,323
6	Placenta Cord. Membranes 910	Influenza & Pneumonia 88	Chronic Low. Respiratory Disease 80	Heart Disease 125	Congenital Anomalies 386	Liver Disease 844	Liver Disease 2,861	Diabetes Mellitus 6,212	Liver Disease 13,278	Diabetes Mellitus 56,142	Alzheimer's Disease 110,561
7	Bacterial Sepsis 599	Septicemia 54	Influenza & Pneumonia 44	Chronic Low Respiratory Disease 93	Chronic Low Respiratory Disease 202	Diabetes Mellitus 798	Diabetes Mellitus 1,986	Cerebro-vascular 5,307	Cerebro-vascular 12,116	Unintentional Injury 51,395	Diabetes Mellitus 79,535
8	Respiratory Distress 462	Perinatal Period 50	Cerebro-vascular 42	Cerebro-vascular 42	Diabetes Mellitus 196	Cerebro-vascular 567	Cerebro-vascular 1,788	Chronic Low. Respiratory Disease 4,345	Suicide 7,739	Influenza & Pneumonia 48,774	Influenza & Pneumonia 57,062
9	Circulatory System Disease 428	Cerebro-vascular 42	Benign Neoplasms 39	Influenza & Pneumonia 39	Influenza & Pneumonia 184	HIV 529	HIV 1,055	Septicemia 2,542	Septicemia 5,774	Nephritis 41,258	Nephritis 49,959
10	Neonatal Hemorrhage 406	Chronic Low Respiratory Disease 40	Septicemia 31	Two Tied: Benign Neo./Septicemia 33	Cerebro-vascular 166	Congenital Anomalies 443	Septicemia 829	Nephritis 2,124	Nephritis 5,452	Septicemia 30,817	Suicide 44,193

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

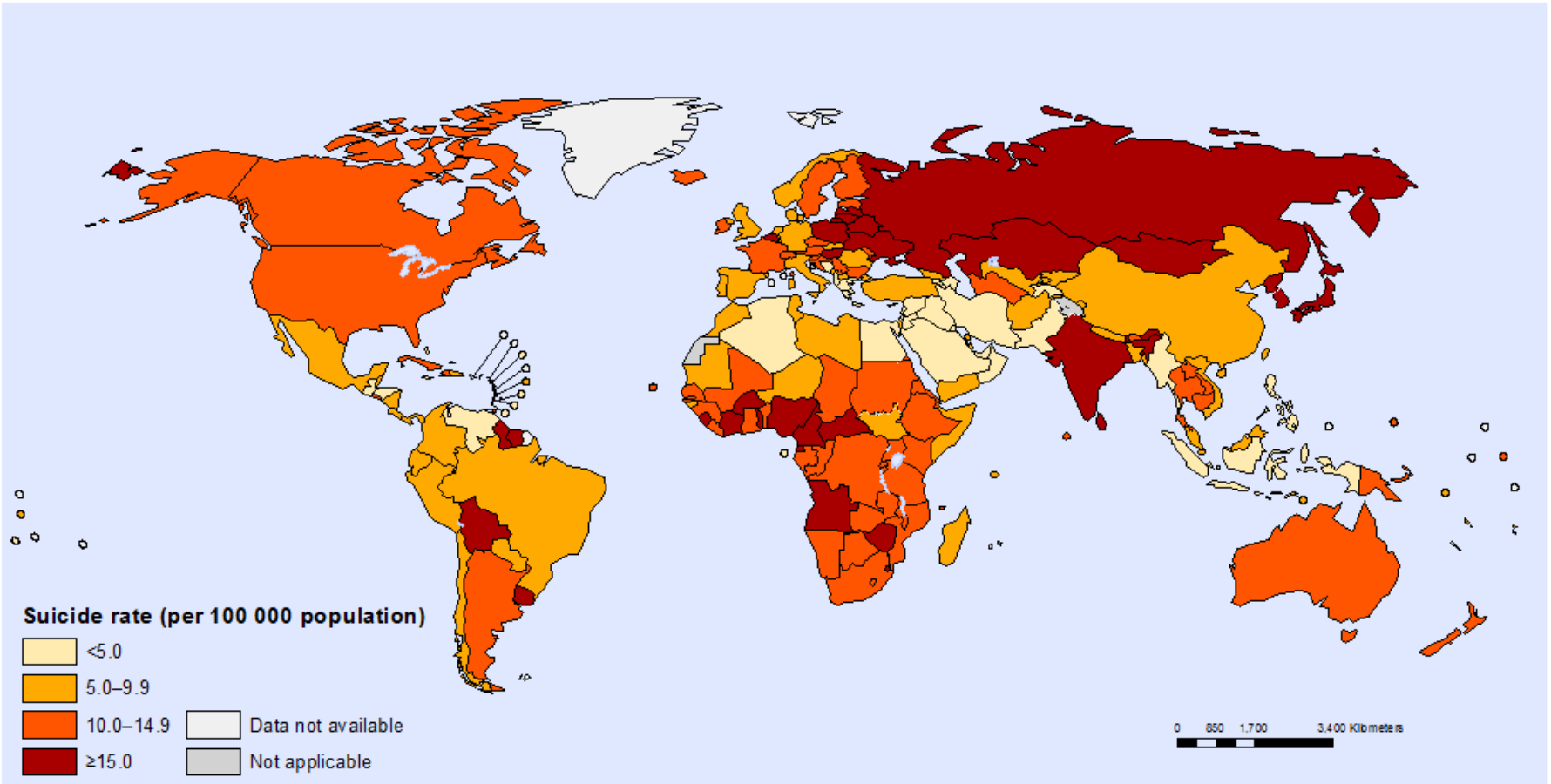
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Global Suicide Deaths in 2012



World Health Organization, 2014

Age-standardized suicide rates (per 100 000 population), both sexes, 2015



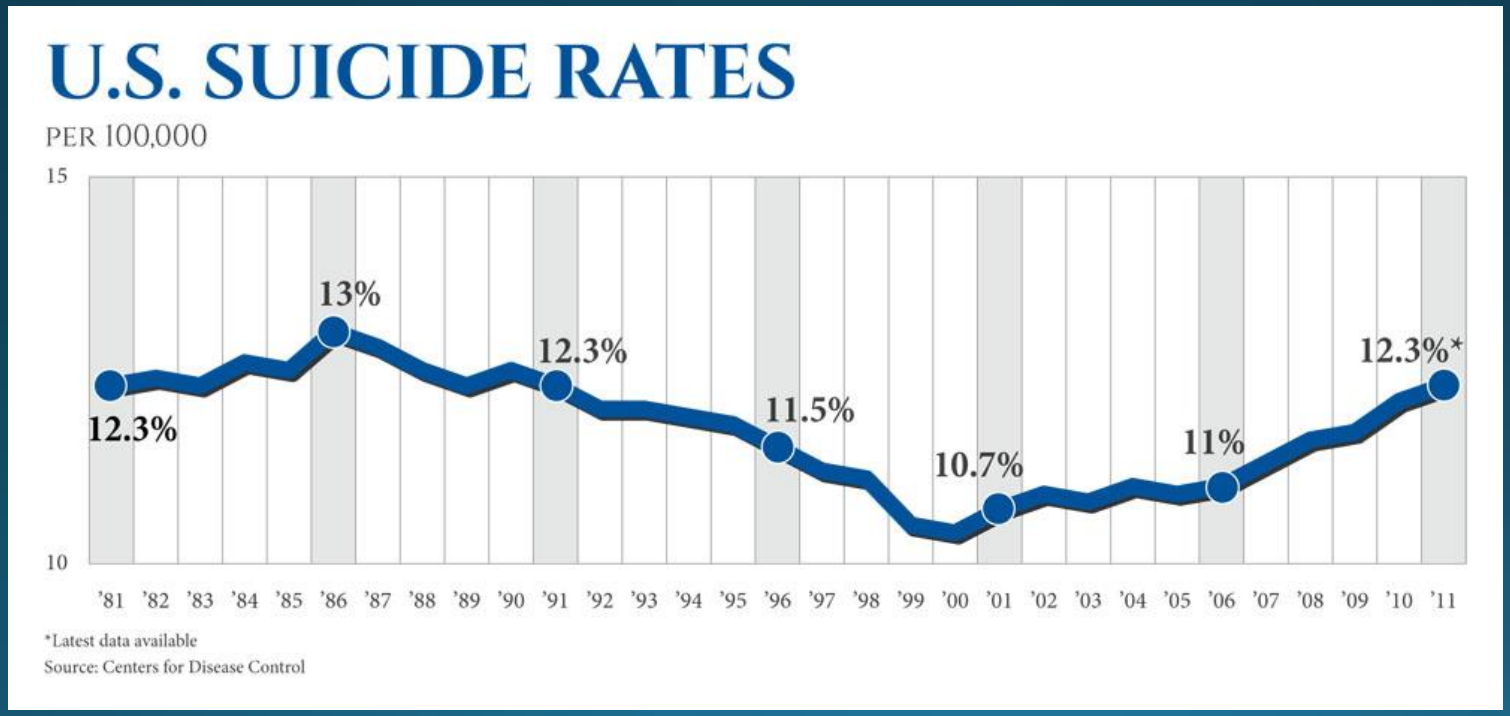
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

World Health Organization

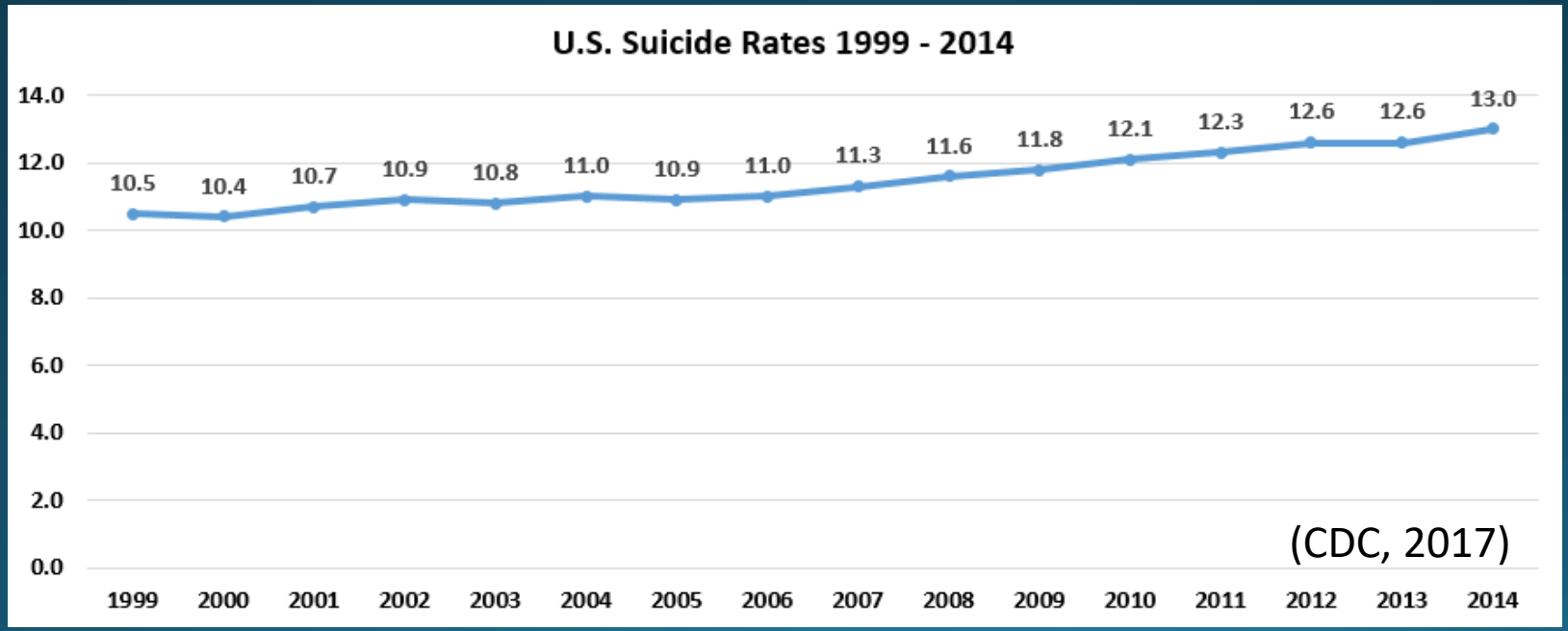
Statistics

- The U.S. annual (2016) age-adjusted suicide rate is **13.26 per 100,000** individuals (Total number of deaths 42,826).
- On average, there are **118** suicides per day.



Statistics: Trends

- 24% increase in U.S. suicide rate since 1999
- Increase for both men and women and all age groups (10-74)
- The percent increase in suicide rates for females was greatest for those aged 10–14.
- For males, those aged 45–64.



Statistics: Means (in U.S.)

- **Firearm suicides**
  - Number of deaths: 21,386
  - 6.7 per 100k
  - Firearms account for 51% of all suicides (2016).
- **Suffocation suicides**
  - Number of deaths: 11,407
  - 3.6 per 100k
- **Poisoning suicides**
  - Number of deaths: 6,808
  - 2.1 per 100k
- **Other**
  - Falls, drowning, cutting/piercing

(CDC, 2017)

Statistics: Gender Differences

- Men die by suicide **3.5x** more often than women.
- Women are more likely to *attempt* suicide.
- White males accounted for **7 of 10** suicides in 2015.
- The rate of suicide is **highest in middle age** —men in particular. The rate among 45 – 64 year olds 19.6/100K
- Men are more likely to use deadlier methods, such as firearms or suffocation.
- Women are more likely than men to attempt suicide by poisoning.

(NIMH, 2018)

Statistics: Race/Ethnic Groups

- American Indians and Alaska Natives have the highest rate of suicides, followed by non-Hispanic Whites.
- In 2015, the highest U.S. suicide rate was among American Indians and Alaska Natives
- Hispanics, African Americans, and Asian/Pacific Islanders each have suicide rates that are about half their White and American Indian/Alaska Natives counterparts.

(NIMH, 2018)

Rates by Occupational Group

TABLE 2. Rates of suicide per 100,000 population, by sex, and ranked overall by Standard Occupation Classification (SOC) group — 17 states, 2012*

Return to Top

SOC code	Occupational group	Overall	Male	Female
45	Farming, fishing, and forestry	84.5	90.5	—†
47	Construction and extraction	53.3	52.5	—
49	Installation, maintenance, and repair	47.9	47.5	—
51	Production	34.5	39.5	10.8
17	Architecture and engineering	32.2	36.3	—
33	Protective service	30.5	34.1	14.1
27	Arts, design, entertainment, sports, and media	24.3	32.9	12.4
15	Computer and mathematical	23.3	32.8	12.5
53	Transportation and material moving	22.3	30.2	4.8
11	Management	20.3	27.4	8.4
23	Legal	18.8	24.2	13.9
29	Healthcare practitioners and technical	17.4	31.6	13.3
19	Life, physical, and social science	16.7	23.7	—
13	Business and financial operations	15.9	20.4	10.3

(CDC, 2016)

Rates by Occupational Group

31	Health care support	14.6	32.9	11.8
21	Community and social service	13.6	18.6	8.9
41	Sales and related	13.4	21.0	5.3
37	Building and grounds cleaning and maintenance	13.3	16.5	4.5
35	Food preparation and serving related	12.8	19.3	7.7
39	Personal care and service	8.0	17.2	4.9
43	Office and administrative support	7.9	15.2	5.3
25	Education, training, and library	7.5	15.1	4.7
Total		**20.3**	**39.2**	**12.4**

Self-directed violence among children/adolescents/young adults

- **3rd** leading cause of death for young people ages 10-24
- Lifetime prevalence (in U.S.) of suicide attempt is 4%.
- 50 to 100 suicide attempts for every completed suicide in adolescents.
- Rate has doubled in the last 50 years.
- Varies by sex and age.
  - Greater in high school girls vs. boys (21 to 31 percent versus 13 to 20 percent).
  - Adolescent boys are more likely to complete suicide than girls.

(Kennebeck et al, 2016; CDC, 2008)

Suicide in Jails/Prisons

TABLE 3

Mortality rate per 100,000 local jail inmates, by cause of death, 2000–2013

Cause of death	2000	2001	2002	2003	2004	2005	2006	2007	2008[a]	2009	2010	2011	2012	2013
All causes	151	147	145	146	143	141	142	141	123	128	125	123	128	135
Illness	86	76	76	74	74	67	78	78	57	66	65	59	71	67
Heart disease	33	34	33	35	32	27	32	30	24	27	33	32	36	36
AIDS-related	10	9	8	8	7	5	7	5	4	4	4	2	3	3
Cancer	5	4	6	5	4	5	5	5	3	6	5	4	6	6
Liver disease	4	4	4	5	4	4	3	5	4	4	4	2	4	3
Respiratory disease	5	3	3	3	5	3	3	6	4	4	2	3	4	4
All other[b]	29	22	22	19	22	23	28	26	17	20	17	15	18	16
Suicide	48	49	47	43	42	39	36	36	29	41	42	43	40	46
Drug/alcohol intoxication	6	9	8	13	11	11	11	10	6	9	7	10	8	10
Accident	4	6	5	4	5	3	4	2	2	3	3	4	2	4
Homicide[c]	3	3	3	2	3	3	5	3	2	3	3	3	3	4
Other/unknown	3	4	5	8	7	15	7	9	1 !	3	2	3	3	3
Missing	1 !	1 !	1 !	1 !	1 !	3	1 !	3	26	4	4	1 !	1 !	2 !

Note: Data may have been revised from previously published statistics. Local jail mortality rates are per 100,000 inmates held in custody. Mortality rates are based on the average daily population (ADP). In 2000 and 2001, ADP was estimated by taking the average of January 1 and December 31 inmate population counts. See *Methodology* for details on cause of death, illnesses, and homicides.

! Interpret with caution; estimate based on too few cases to provide a reliable rate.

[a]In 2008, a high number of illness cases were missing cause-of-death information and were classified as other or unknown.

[b]Includes other specified illnesses, such as cerebrovascular disease, influenza, and other nonleading natural causes of death, as well as unspecified illnesses.

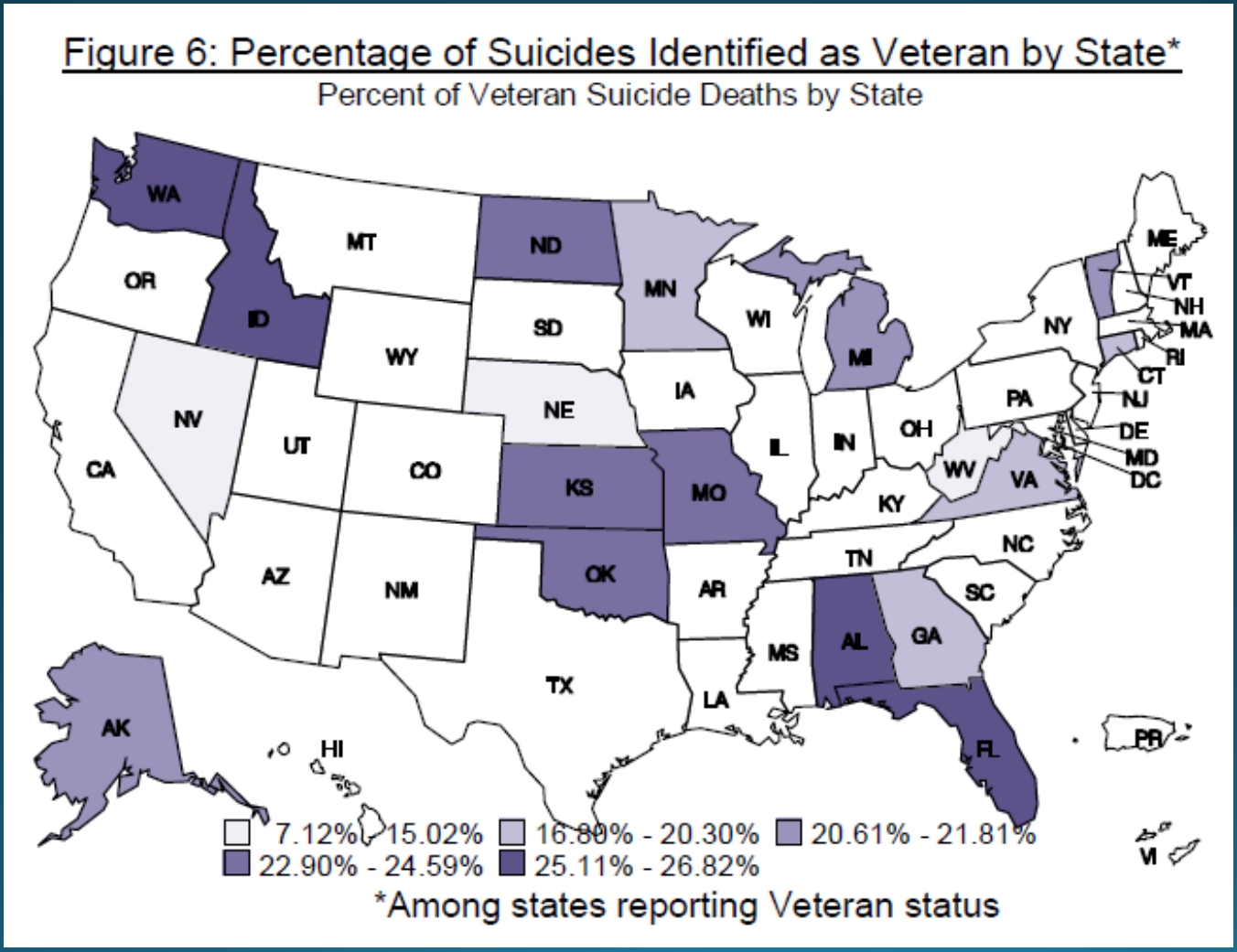
[c]Includes homicides committed by other inmates, incidental to the staff use of force, and resulting from assaults sustained prior to incarceration.

Source: Bureau of Justice Statistics, Deaths in Custody Reporting Program, 2000–2013.

Suicide Rates (Veterans)

- Annual suicide rate of 29.5 per 100,000 veterans, or roughly 50% higher than the rate among other civilians with similar demographic characteristics.

Suicide Rates (Veterans)



Suicide Rates (Veterans)

Table 3: Percentage of Suicides by Age and Veteran Status

Age Group	Non-Veteran	Veteran	VHA Veteran	χ^2, p (1)	χ^2, p (2)
29 years and younger	21.6%	6.0%	3.0%	3902.36, <.0001	83.38, <.0001
30 – 39 years	19.3%	9.1%	5.2%	1386.39, <.0001	110.38, <.0001
40 – 49 years	24.5%	15.6%	14.0%	833.21, <.0001	12.34, 0.01
50 – 59 years	18.2%	20.0%	23.4%	63.54, <.0001	48.00, <.0001
60 – 69 years	8.1%	16.5%	19.6%	1655.55, <.0001	43.23, <.0001
70 – 79 years	4.6%	18.6%	20.0%	5592.63, <.0001	6.64, 0.01
80 years and older	3.7%	14.2%	14.8%	3980.27, <.0001	0.21, 0.65

(1) Veteran (as indicated on death certificate) compared to non-Veteran

(2) Veteran with VHA service use compared to general population of Veterans (as indicated on death certificate)

Suicide Rates (Veterans)

Table 7: Percentage of Suicides by Race/Ethnicity and Veteran Status

Age Group	Non-Veteran	Veteran	x^2, p
Race			
White	87.7%	92.6%	472.13, <.0001
African-American	6.4%	4.5%	128.55, <.0001
Indian/Native Alaskan	1.6%	0.7%	122.17, <.0001
Asian/Pacific Islander	1.6%	0.4%	226.34, <.0001
Other	0.7%	0.2%	89.39, <.0001
Unknown	2.0%	1.6%	10.01, 0.01
Ethnicity			
Hispanic	5.4%	1.6%	676.81, <.0001
Non-Hispanic	87.2%	91.4%	351.21, <.0001
Unknown	7.4%	7.0%	6.61, 0.05

Psychiatric Inpatient Settings

- Since 1997, suicide has consistently ranked in the top five most common sentinel events reported in hospitals (Joint Commission, 2009).
- Suicide risk after psychiatric hospitalization:
  - Up to **100 x** greater risk for suicide than general population (Geddes et al, 1997; Goldcare et al., 1993)
    - *Highest risk within one week of discharge
  - U.S. Service Members: Risk **5 x** greater than the general AD U.S. military population (2001-2011) (Luxton, Trofimovich & Clark, 2013)
    - *8.2 times higher in the first 30 days compared to at one year
  - Veterans (in VHA care): 12 weeks post-hospitalization approximately **5 x** the base rate of the active treatment population and **54 x** that of the general U.S. population (1999 – 2004) (Valenstein, et al. 2009)

What causes a person to choose to die by suicide?

"There is not a single cause to suicide. It most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition."

(American Foundation for Suicide Prevention, 2017)

Risk Factor: Variable that increases the likelihood of developing a disease or disorder. Examples include any behavioral, genetic, environmental, or psychosocial variables.

Protective Factor: Variable that lowers the likelihood of developing a disease or disorder. Examples include any behavioral, hereditary, environmental, or psychosocial variable that reduces the impact of risk factors.

Risk Factors: Psychiatric Disorders

- Approximately 90% of suicide victims suffer from mental disorder at time of death – Most common are depression or bipolar disorder (American Association of Suicidology, 2014)
- Depression is estimated to be present in at least 50 percent of all suicides
- Lifetime risk of suicide among patients with untreated depression ranges from 2.2% to 15%
- Those suffering from depression are at 25 times greater risk for suicide than the general population

Psychiatric Disorders

- 20-25% of persons with bipolar disorder attempt suicide
- 1 in 5 with bipolar disorder completes suicide (National Institutes of Health)

- Co-occurring conditions, including anxiety disorder and alcohol/substance abuse also contribute to suicide risk

Substance/Alcohol Use

- Alcohol is involved in over a quarter of all suicides in the U.S.
- 120 times more prevalent among adult alcoholics than in the general population
- May play role during the violent event. > one-third of people who died by suicide used alcohol just prior to death.
  - Impulsivity? Alcohol increases the activity of GABA, our brain's principal inhibitory neurotransmitter, and other central brain mechanisms associated with behavioral activation such as increased serotonin (see Pompili et al., 2010)
- Alcohol/substance use linked to other risk factors (e.g., personal loss, history of abuse/trauma, access to firearms, etc.).

(Pompili et al., 2010)

Social/Psychosocial Factors

- Social isolation
- Social exits (loss) – divorce, separations, etc.
- Patterns of aggressive/antisocial behavior

Access to Means

- Access to lethal means (e.g., firearms, drugs) along with suicidal thoughts
- Suicide means reduction is an effective preventive strategy (Johnson & Coyne-Beasley, 2009)
  - Examples:
    - Storing firearms in locked cabinets and/or with friends
    - Locking up medications/storing with family member

Cultural Factors

- Stigma associated with asking for help
- Barriers to accessing services:
  - Lack of bilingual service providers
  - Unreliable transportation (impacts healthcare usage)
  - Financial costs of services
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)

Other Contributing Factors…

- History of trauma or loss (e.g., abuse as a child, bereavement, family history of suicide,
- Economic loss (stress from job loss, divorce, etc.)
- Discharge from inpatient psychiatric care
- Serious Illness or chronic pain/impairment

Protective Factors

- Skills in problem solving, conflict resolution and handling problems in a non-violent way
- Strong connections to family, friends, and community support
- Restricted access to highly lethal means of suicide
- Cultural and religious beliefs that discourage suicide and support self-preservation

Protective Factors (cont.)

- Easy access to a variety of clinical interventions
- Effective clinical care for mental, physical, and substance use disorders
- Support through ongoing medical and mental health care relationships

Signs of Suicide Risk

Warning Signs

- Withdrawn, not relating to friends or co-workers
- Expressing feelings of failure, hopelessness
- Rage, anger, seeking revenge
- Acting reckless/impulsive or engaging in risky activities
- Speaking about tidying up affairs/giving away possessions
- Threatening to hurt or kill self
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide

Additional warning signs…

- Feeling trapped/no way out of a situation
- Increasing drug or alcohol abuse
- Withdrawing from friends, family and society
- Anxiety, agitation
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time (may be repeatedly late for work)
- Increase or decrease in spirituality

How to talk to a person who may be thinking of suicide/in crisis

Best-practices

- Ask questions…
- Interact in a manner that communicates concern and understanding (empathy)
- Encourage the person to talk – don't pressure them!
- Manage your own personal discomfort (i.e., anxiety, fear, frustration, personal, cultural or religious values) in order to directly address the issue. The most difficult yet most important question of all -

"Have you had thoughts of harming or taking your own life?"

Best-practices…

- DO NOT ask the question as though you are looking for a "no" answer. "You aren't thinking of killing yourself are you?"
- Explain confidentially/duty to inform as applicable.
- Ask if there is anyone they would like to call (for support)
- Take immediate action to refer the person to mental health resource
- Document!

Best-practices…

Things to consider when you talk with the person:

- Remain calm
- Lend your ears - Listen more than you speak!
- Maintain good eye contact
- Act with confidence (takes practice if you are new to this)
- Use open body language
- Do not argue in any way
- Limit questions to gathering information in casual manner
- Use supportive and encouraging comments
- Be as honest and up front as possible

Best-practices

- Employees need to know it's okay to say to a colleague, "Are you okay?" Or "You don't seem like yourself. Want to talk?"
- Encourage staff (and train managers) to do this by creating a work environment that encourages communication and a sense of belonging and respect (SPRC, 2018).
- Identify and assist employees who may need help
- Know what resources are available and where to refer
- Be prepared to respond if there is a suicide event

Best-practices

- Safety First

Scenario: An employee shows up to work visually distressed and yelling at coworkers. It is known to you that he is going through a divorce. He states that he has a gun in his car and that “he’s done”.

What should you do?

What to do after an event

After an Event

- Follow your existing crisis response procedures
  - What are your policies/procedures?
- Do not touch the scene until after cleared by police
- Provide info to employees promptly – sensational details should be avoided
- Provide employees with immediate access to support…
  - EAP, agency crisis response volunteers, community mental health services
  - Available resource: American Foundation for Suicide Prevention Survivor Outreach Program – trained suicide loss volunteers provide assistance.
- Provide education. Info on suicide prevention and its complexities can help employees accept that they were not in control of what happened.

After an Event

- Be aware of *espirit de corps* following a suicide or other crisis event and how it may have affected individuals in the workplace
- Encourage managers to check-in on employees to see how they are doing/coping.
- Check in with managers too (may have feelings of guilt and grief).

After an Event

- Give employee option to attend funeral/memorial service
- Permanent memorials (e.g., picture of deceased employee) in the workplace can trigger trauma – consider appropriateness of these
- Give employees option/support to assist with memorial service as they can help with healing

Resources

- National Suicide Prevention Lifeline: https://suicidepreventionlifeline.org/
- Suicide Prevention Resource Center: https://www.sprc.org/settings/workplaces
- American Foundation for Suicide Prevention

https://afsp.org/

- World Health Organization – Preventing Suicide: A Resource At Work

http://apps.who.int/iris/bitstream/10665/43502/1/9241594381_eng.pdf?ua=1

Thank you!

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