Diego De Leo
Vita Poštuvan
(Editors)

Reducing the Toll of Suicide

Resources for Communities, Groups, and Individuals

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Reducing the Toll of Suicide

About the Editors

Diego De Leo, Doctor of Science and Emeritus Professor of Psychiatry, Griffith University, Australia, is the Head of the Slovene Centre for Suicide Research (UP IAM), a world-leading researcher in suicide research and prevention over several decades, he has designed and advised suicide prevention activities, projects, and programs around the world, including his contribution to the World Health Organization.

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Contents

Foreword

The Slovene Centre for Suicide Research has been working with honour for a number of years now. The University of Primorska is particularly proud to have it among its institutions. Over the last few years, many activities and projects have been undertaken by the Centre which have benefited community members, students, and scholars around the world.

This volume results from one of the traditional initiatives of the Centre: the TRIPLE i conferences on intuition, imagination, and innovation in suicidology. Each year, under the wise guidance of Prof. Diego De Leo and Dr. Vita Postuvan, a number of master classes are run by world leaders from the field of suicide research and prevention in the beautiful city of Piran. This volume collects some of the most significant lectures and is essential reading for all those who have made suicide prevention a mission in their lives.

This book is the second volume of its kind, and the University hopes further volumes will continue to be published, not only as a tradition but also as a true enrichment for the community of suicide research scholars and practitioners.

Prof. Dragan Marusic
Past Rector Magnificus
The University of Primorska

Prof. Klavdija Kutnar
Rector Magnificus
The University of Primorska

Preface

Through the lenses of different disciplines and perspectives, understanding suicide has preoccupied humans throughout history. It is a highly value-laden topic that not only relates to the questions of life and death but also of freedom, choices, ethics, and religion, and it captures all the essential explorations of existence.

Today, science can explain several factors contributing to the development of suicidal behaviour, which usually consists of a combination of factors at the social, community, group, and individual levels. However, how these factors are intertwined in the personal story of an individual still constitutes a big challenge for the scientific community.

This book represents an attempt to shed light on the many complexities of suicidality. Distinguished authors from various disciplines have contributed to this volume by offering their expert perspectives on the subject. Thus, the chapters are packed with the latest knowledge and reflections from the field, and we hope that this content may help to increase the probability that more lives can be saved, helping to reduce the unbearable toll of suicide. This is a central mission of the Slovene Centre for Suicide Research (Andrej Marusic Institute, University of Primorska), which holds the TRIPLE i in Suicidology conferences, as it is for other similar institutions around the world. Fighting suicide is a very difficult task; besides knowledge, a determined stance is required at every level of society to enter the battlefield and to not passively surrender to the supposed inevitability of suicidal behaviour. We hope that this collection of master class lectures might also help improve this determination.

Diego De Leo and *Vita Poštuvan*

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Part I

Understanding the Individual

Chapter 1

Assessing Suicide Risk in Older Adults

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Introduction

Although suicide late in life is not among the first causes of death, as it is for young people, it is sadly a common occurrence. Knowing how to assess the risk of suicide in an older adult can be a particularly challenging task for many health professionals. Recently, the latter have faced a growing level of external control over the validity of the diagnoses attributed to their patients and the effectiveness of the treatment strategies implemented.

The threat of litigation has greatly influenced the way clinicians cope with patient interactions. As a result, being able to manage the countless issues related to the assessment and management of people who present with a potential risk of suicide is one of the fundamental skills that clinicians need to develop and preserve throughout their professional life.

Epidemiological Considerations

The World Health Organization (WHO) *Global Health Estimates* provide a comprehensive assessment of mortality due to diseases and injuries in all regions of the

world. In 2015, it is estimated that 788,000 people died because of suicide; a much larger number of individuals attempted suicide without a fatal outcome (WHO, 2017).

In the same year, suicide accounted for about 1.5% of all deaths worldwide, making it one of the top 20 leading causes of death (WHO, 2017). Despite the decline in suicide in many countries over the past three decades (Bertolote & De Leo, 2012), suicide rates among individuals aged 65 and over are still the highest for both men and women in almost all regions of the world, as indicated by the WHO report *Preventing Suicide: A Global Imperative* (WHO, 2014). Furthermore, with the increase in life expectancy and the decrease in mortality due to causes of death other than suicide, it is expected that the absolute number of suicides among older adults could further increase.

Using data from 17 countries, Shah and colleagues (2014) identified that suicide rates continue to grow in very advanced ages (i.e. even in centenarians), with a curve of the steepest trend-line much more pronounced in men than in women. However, older adults seem to have benefited more than other age groups from the improvements in overall health care and quality of life that have been observed in many countries in recent years (WHO, 2014), as evidenced by the fact that suicide rates in older people have decreased more than in young people (Bertolote & De Leo, 2012; WHO, 2014).

Compared with suicide, non-fatal suicidal behaviours (suicide attempts) decrease proportionally with increasing age (De Leo & Scocco, 2000). This was clearly demonstrated by the results of the WHO/EURO Multi-Centre Study on Suicidal Behaviour (a very large cooperative effort), which found that only 9% of 22,665 episodes of *parasuicides* (episodes recorded in hospitals) were carried out by older people (65+ years) compared with 50% of episodes involving individuals in the 15–34 age group (De Leo et al., 2001). Compared with younger individuals (in particular adolescents and young adults), where the number of non-fatal behaviours is extremely high, the ratio between fatal and non-fatal suicidal behaviour can be very small among older adults, ranging from 1:2 to 1:4 (McIntosh et al., 1994); among young people, if we consider episodes of non-suicidal self-harm, it can reach a ratio of 1:5,000 (Shaffer & Jacobson, 2009). While non-fatal behaviour is particularly common in women of younger age, the prevalence tends to be the same in old age (Shah et al., 1998). The *gender paradox* in suicide rates (the difference in behaviour between the sexes, with rates in men much higher than those of their female counterparts) is often explained by the better help-seeking behaviour of women and the use of more violent methods by men (such as use of firearms or hanging; Karch, 2011; Kolves, Potts, & De Leo, 2015; Schriivers, Bollen, & Sabbe, 2012).

Contrary to common belief, the approach to the natural end of life is not accompanied by an increased frequency of suicidal ideation or death wishes: Both types of thoughts are more common in adolescents and young adults, as demonstrated by a community survey conducted in Australia in the context of the WHO/SUPRE-MISS Study (De Leo, Cerin, Spathonis, & Burgis, 2005).

A note of caution should be expressed in relation to the validity of data on suicide mortality in old age and in the general population (De Leo, 2015; Williams, Doessel, Sveticic, & De Leo, 2010). In fact, suicide mortality data in older adults are often underestimated. Accidents (e.g. falls, drownings, etc.), the refusal to take life-supporting drugs or overdosing on drugs such as insulin or opioids can easily be recorded as accidental deaths and not as suicide cases. In a recent study, De Leo and Arnautovska examined in detail many of these conditions (2016). On the basis of an analysis of 20,379 cases in five Australian jurisdictions between 2000 and 2007, Walter, Bugeja, Spittal and Studdert (2012) found a significantly lower number of suicide deaths and death by any other cause among older adults (65+) compared with deaths involving children and deaths resulting from medical complications and road accidents. According to Abercrombie (2006), deaths resulting from suicide are often not examined, but are reported as accidents or deaths due to natural causes, simply because the deceased was an older adult.

Characteristics of Suicide in Old Age

Suicide in old age is often considered the result of a rational decision. Lack of positive expectations, fragility, dependence on others, loss of spouse and loneliness are often regarded as motivations that could explain many cases of suicide. The aggregation of different factors, for example the loss of the partner of a dependent and frail individual, can strengthen the paradigm of rational choices. Likewise, suicide can be interpreted as a 'legitimate exit' from life when one has experienced loss of reputation or personal dignity or dramatic changes in one's social state.

Ageistic interpretations tend to consider depression as a normal feature of ageing (De Leo, 2017a; Rabheru, 2004). However, depression is not an obvious answer to particular stressors such as, for example, the deterioration in physical condition or the subsequent financial difficulties. As a general rule, addressing a patient with caution and prudence is always preferable to a clinical attitude that considers life's stressful events as inevitable and reactions to them as normal. This can indeed lead to an underestimation of depression, especially in old age where stressful events can easily aggregate. On the other hand, the adoption of a very limited medical vocabulary (where everything is defined as 'depression') can lead to an overly restrictive attitude to treatment, often limited to the prescription of an antidepressant drug. In this way also the appreciation of the multifactorial nature of suicidality becomes too limited and the possibilities to contrast the complexity of suicide progression too modest. Since there are no magic potions for depression, there is certainly no quick fix for suicidal behaviour, and very rarely can a prescription of drugs make a positive difference.

Even in old age, the methods of suicide vary between sexes and from country to country. While in Italy hanging is common among men and drug overdosing among