

Why People Die By Suicide

Na de zelfmoord van zijn vrouw verbreekt een Amerikaanse man alle banden met het verleden totdat hij verneemt dat zijn moeder ongeneeslijk ziek is.

Drawing on extensive clinical and epidemiological evidence, as well as personal experience, Thomas Joiner provides the most coherent and persuasive explanation ever given of why and how people overcome life's strongest instinct, self-preservation. He tests his theory against diverse facts about suicide rates among men and women; white and African-American men; anorexics, athletes, prostitutes, and physicians; members of cults, sports fans, and citizens of nations in crisis.

Globally, suicide and HIV/AIDS remain two of the greatest healthcare issues, particularly in low- and middle-income countries where approximately 85% of suicides occur. Every year, more than 800,000 people die from suicide; this roughly corresponds to one death every 40 seconds, and the WHO estimates that by 2020 the rate of death will increase to one every 20 seconds. HIV/AIDS patients in South Africa have a higher suicide risk than the general population and an increased frequency and severity of suicidal ideation depending on the different intervals in the continuum of HIV disease progression. Several studies have observed a relationship between the increase in suicide and HIV in South Africa, but due to the paucity of empirical data, this relationship remains inconclusive. Suicide in HIV-infected persons is multifactorial. Despite the introduction of antiretroviral therapy (ART), the suicide rate remains more than three times higher among HIV-infected persons than in the general population. Although international findings on the correlation between suicide and HIV/AIDS are diverse, results show compelling evidence to screen for suicide risk and intervene as early as possible

Dit uitgebreide naslagwerk belicht op een heldere, compassievolle en hoopgevende manier alle facetten van het werken met cliënten die zichzelf verwonden. Het biedt therapeuten en andere professionals in de geestelijke gezondheidszorg actuele, op wetenschappelijk onderzoek gebaseerde kennis over de verschillende vormen en oorzaken van zelfverwondend gedrag, de relatie tussen zelfverwonding en suïcidaliteit en manieren om zelfverwonding te beoordelen en te behandelen. Behandeling van zelfverwonding. Een praktische handleiding beschrijft een breed scala aan cognitief-gedragstherapeutische interventies en illustreert deze met gedetailleerde casussen. De auteur besteedt veel aandacht aan de noodzaak om de intensiteit van interventies aan te passen aan de unieke behoeften van elke cliënt, via een stepped care zorgmodel. Daarnaast bevat het boek tools en een link naar online formulieren die behandelaars kunnen downloaden om in hun werk te gebruiken. Auteur Barent Walsh is expert op het gebied van zelfverwonding. Hij is Executive Director van The Bridge of Central Massachusetts en docent bij de vakgroep Psychiatrie van de Harvard Medical School.

NOW WITH A NEW CHAPTER AND AN UPDATED RESOURCES SECTION Suicide has touched the lives of nearly half of all Americans, yet it is rarely talked about openly. In her highly acclaimed book, Susan Blauner—a survivor of multiple suicide attempts—offers guidance and hope for those contemplating ending their lives and for their loved ones. “Each word written with thoughtful intent; each story told with the deepest of honesty and humility, and in doing so Blauner puts forward a life-saving book.”—Daniel J. Reidenberg, PsyD, Executive Director, Suicide Awareness Voices of Education (www.save.org) “I continued to romanticize my death by suicide: who would find me; what I’d look like. I spent hundreds of hours planning my funeral, imagining the remorse of my family and friends. I wrote good-bye letters, composed wills, and disrupted the lives of everyone close to me. Then reality hit.”—Susan Rose Blauner The statistics on suicide are staggering. The World Health Organization estimates that nearly 800,000 people die by suicide every year, which is one person every 40 seconds, and for each completed suicide there may be twenty or more attempts. In *How I Stayed Alive When My Brain Was Trying to Kill Me*, Susan Blauner is the perfect emissary for a message of hope and a program of action for these millions of people. A survivor of multiple suicide attempts, she explains the complex feelings and fantasies that surround suicidal thoughts. In a direct, nonjudgmental, and loving voice, she offers affirmations and suggestions for those experiencing life-ending thoughts, and for their friends and family. With an introduction by Bernie Siegel, M.D., this important, timely book has now been updated with a revised resources section, and a new chapter on the author’s experiences since the book’s initial publication.

Alternatives to Suicide: Beyond Risk and Toward a Life Worth Living demonstrates how fostering resilience and a desire for life can broaden and advance an understanding of suicide. The book summarizes the existing literature and outlines a new focus on the dynamic interplay of risk and resilience that leads to a life-focus approach to suicide prevention. It calls for a treatment approach that enhances the opportunity to collaboratively engage clients in discussion about their lives. Providing a new perspective on how to approach suicide prevention, the book also lays out key theories on resilience and the interplay of risk and protective factors. Finally, the book outlines how emerging technologies and advances in data-analytic sophistication using real-time monitoring of suicide dynamics are ushering the field of suicide research and prevention into a new and exciting era. Focuses on what attenuates the transition from thinking about suicide to attempting it Calls for a life-focus treatment approach as opposed to risk-aversion intervention techniques Demonstrates how fostering resilience can advance our understanding of pathways to suicide Discusses emerging technologies being used in current suicide research and prevention Outlines the differences between risk factors and risk correlates Covers real-time assessment of dynamic suicide risk

"When I joined the Air Force in 2005, hostilities in Iraq were escalating, resulting in more frequent and longer deployments for just about everyone serving in the military, including psychologists. Soon thereafter, the suicide rate among military personnel also started to rise, especially in the Army and Marine Corps. During the first few years of that upward trend, the general sense was that the military was just having a few "bad years." In 2008, however, the age- and

gender-adjusted Army and Marine suicide rates surpassed the U.S. general population rate. By the time I deployed to Iraq in February 2009, the military suicide rate had been rising steadily for three consecutive years; the initial assumption that we were simply experiencing a few bad years had dissolved, and an uncomfortable recognition that we had a clear problem on our hands had taken hold"--

Op zijn vierentwintigste stort het leven van Matt Haig volledig in. Hij ziet geen enkele uitweg, geen reden meer om te bestaan. Dit is het verhaal van hoe hij zijn depressie overwon, een ziekte die hem bijna vernietigde, en hoe hij opnieuw leerde met volle teugen van het leven te genieten. Redenen om te blijven leven is meer dan een memoire: het is een ontroerende, grappige en vreugdevolle zoektocht naar hoe om te gaan met depressie.

Nowadays, people are committing suicide at the blink of an eye. Over one million people die by suicide every year. Suicide is the thirteenth-leading cause of death worldwide, and suicide rates sixth in the United States. It is a leading cause of death among teenagers and adults under 35. The rate of suicide is higher in men than in women. To some people suicide may seem the right thing to do, but it is self-murder, a sin, and out of the will (plan) of God. God cannot forgive suicide victims because they are dead and beyond His mercy and grace. Those who commit suicide are on satan's express to hell. There are no exceptions. One of Jesus' disciples, Judas is in hell - not for betraying Jesus, but Judas committed suicide. God did not make an exception for Judas and spared him from hell, and neither will He make an exception for anyone else who commits suicide. Suicide is the will of satan, and he uses every trick in the book to make people kill themselves. This book, SUICIDE: Satan's FINAL SOLUTION and GENOCIDE of the HUMAN RACE Into the FIRES of HELL, reveals satan's sly, slick and wicked ways, and focus on three things that satan works through to entice people to commit suicide: fear, depression, and the sinful nature. You will learn from these discussions that you, your loved ones and others don't have to be included in satan's Final Solution. You will also learn other things that will enhance your spiritual life to stay under God's protection and safe from the clutches of evil spirits.

Suicide is the 10th leading cause of death in the world. According to the World Health, more than 1 million people die from suicide each year. This means that one person dies from suicide every forty seconds. This rate is expected to rise in the next few years. There are many things that cause suicide ideation, but the most common one is depression. Depression makes you feel stuck and trapped. When you're depressed, you feel like you're in a deep black tunnel and there's no way out. You feel like you're just walking aimlessly through life. You've lost interest in the things you used to love. You're in pain on some days. But, on some days, you're just numb. There are days when you want to hurt or kill yourself, not because you want to die, but because you just want all the pain and numbness to end. If you're depressed or you're thinking about suicide, this book is specially written for you. This book is also written for people who want to help their depressed and suicidal loved ones. This book contains valuable, but easy-to-follow tips and strategies that you can use to manage the symptoms of depression and remove suicidal thoughts. In this book, you'll learn: What depression is and how you can manage it What causes depression What suicidal ideation is Relation of suicidal ideation and depression The difference between suicidal ideation and depression Factors and mental health conditions that cause suicide How to ask for help when you start to think suicidal thoughts The magic of cognitive behavior therapy and how it can help you ward off your suicidal thoughts How to identify a suicidal person How to help someone with depression or suicidal thoughts The symptoms and signs of suicide ideation How to assess suicide risk How to ask for help whenever you have suicidal feelings What cognitive behavioral therapy is and how it can prevent suicide What cognitive restructuring is How to use it to develop a positive mindset Over 100 self-help tips that you can use to reduce the symptoms of depression and help remove suicidal thoughts Thirteen self-love tips that you can use 100 affirmations that can help you fight depression and get rid of your suicidal thoughts How gratitude can change your perspective and make you a happier person 50 things that you should be grateful for How to kill your suicidal thoughts with random acts of kindness 100 random acts of kindness that you can try to add meaning and purpose to your life How you can achieve inner peace through regular meditation practice How to incorporate pleasurable activities into your daily schedule Fifty pleasurable activities that you can use to reduce the symptoms of depression And more! This book contains a checklist that you can use to identify suicidal people. You'll also find a comprehensive list of international suicide crisis hotlines. In this book, you'll find examples that are based on real life stories. Some stories will inspire you; while some will simply help you understand what it's like to have depression and suicidal thoughts. Life is messy, confusing, and sometimes painful. If you ever feel like giving up, pause and realize that everything in this life is temporary. Things will get better. The best is yet to come. You just have to give life another chance. Thanks for downloading this book, I hope you enjoy it

This comprehensive resource--now revised and expanded--provides school practitioners with an evidence-based framework for preventing and effectively responding to youth suicidal behavior. David N. Miller guides readers to understand, screen, and assess for suicide risk in students in grades K-12. He presents collaborative strategies for intervening appropriately within a multi-tiered system of support. The book also shows how to develop a coordinated plan for postvention in the aftermath of a suicide, offering specific dos and don'ts for supporting students, parents, and school personnel. User-friendly tools include reproducible handouts; the book's large-size format facilitates photocopying. Purchasers get access to a Web page where they can download and print the reproducible materials. New to This Edition *Chapter on the roles and responsibilities of the school-based suicide prevention team. *Significantly revised coverage of screening and suicide risk assessment. *Situates prevention and intervention within a schoolwide multi-tiered system of support. *Updated throughout with current data, practical recommendations, and resources.

Suicide is a confronting topic. As a parent, it may represent the greatest fear for our family. Yet, for many, there is a misguided belief that talking about suicide with young people causes further distress. Research shows otherwise — not talking about suicide can be harmful. Psychologist Lyn O'Grady has spent decades working, researching and presenting on better mental health for children, young people and families. Along the way, she has witnessed the desperate struggle with life that suicidal thoughts and feelings bring. She has also seen countless books about parenting, usually featuring simplistic recipe-type approaches that can be appealing but challenging to implement at times of crisis. So she wrote this book to explain exactly what it means to be a parent of a teenager who is struggling with suicidal thoughts and behaviours and how to help. Drawing on practical experience across a range of community settings, the lived experience of people and families who have experienced suicidality, and the latest research and theories in the field, this book helps: • to arm parents with knowledge so they can better understand what's going on with their teenager • to provide space to reflect on their parenting and to look after themselves • to not feel alone; and • to know what to do to support their teenagers during difficult times. This book will help any parent or health worker working with families to understand how to connect and communicate with teenagers when dealing with the topic of suicide. In 1983, the California State Legislature passed Senate Bill 947 which authorized a statewide Youth Suicide Prevention School Program, including provisions for staff training, parent awareness, and a classroom curriculum. This document contains the four guides of the Youth Suicide Prevention School Program. The first guide, the Implementation and Resource Guide, is for all school staff and includes an overview of the youth suicide prevention program; information on how to organize a suicide prevention program in school; guidelines for developing school suicide prevention policies and procedures; and relevant resources, including lists of selected readings for adolescents and adults,

audiovisual resources, and suicide prevention centers in California. The Lesson Guide is a complete curriculum consisting of a five-lesson unit on youth suicide prevention. It includes an overview of the curriculum, a discussion of special concerns in teaching suicide prevention, lesson goals and objectives, instructions for lesson preparation, complete lesson plans, student worksheets and materials, and supplementary activities. The Guide for Staff Awareness In-Service Training includes detailed guidelines on how to conduct suicide prevention inservice programs for school personnel. The Guide for Parent Awareness Meetings includes guidelines on how to conduct a parent meeting about youth suicide prevention. (NB)

Finally, a book that explains suicide using the latest research in suicidology. A must-read for mental health professionals and the survivors of suicide who want to understand why suicide happens. The material in this book should be incorporated into the curriculum of psychology and psychiatry because suicide is such a vital topic that is hardly covered in medical schools due to the lack of a coherent theory of the brain in general and suicide in particular. This is an important book for all professionals who deal with mental disorders in general and suicide in particular. It is the author's fifth book where suicide is explained, not as a mysterious process, but as a natural consequence of the reactions of the brain under certain conditions when suffering mental disorders. The author begins with a brief summary of the statistics of the whos, the hows, and the wheres of suicide. This gives us a clear idea of the magnitude of the problem of suicide, of the cost, not only in lives, but of the emotional toll of the survivors, as well as the financial burdens on society as a whole. Then, as an important first step to understanding the medical community's standard approaches to mental disease, he reviews briefly the current psychiatric terminology and the diagnostic tools concerning mental disorders. He presents the most accepted current theories and models of suicide. He explains what a psychiatric emergency is and what to expect if one ever encounters such a situation. And he explains how suicide risk assessment is currently done, along with other important considerations. He proceeds to explain in everyday language, where possible, his theory of how the brain works, beginning with a simple explanation of how neurons communicate with each other. Later he explains how the brain controls the body and how we see with the back of our heads, how memory systems become a logical extension or expansion of our sensory and motor systems. Awareness and attention are introduced, first as an evolutionary tool that aids the senses gather more information from the environment and, ultimately, as tools that aid in thinking, reasoning, and constructing our past, our lives, and our identities. But all this would mean nothing without the introduction of emotions and how the brain constructs contexts. He explains how emotions are an integral part of memories and how these are related to contexts, how, basically, the brain has created a very concise and compact filing memory system. A clear explanation of how emotions are triggered, regulated, and dissipated is next. These lead to a learned discussion of how these various systems can go haywire causing mental disorders. A brief, but perhaps new and revolutionary approach to these mental disorders is presented next, including Obsessive Compulsive Disorder, Delirium, Dementia, and Other Amnesic Disorders, Manic Depression and Depression, and Schizophrenia. Ultimately, it becomes clear how, under certain conditions, these disorders can lead to suicide. The difference between attempters and completers is also explained. He then presents a suicide autopsy as an exercise to show how varied the opinions of experts in the field of suicidology are and compares it to his own theories and lets the reader decide for himself who is closer to the truth. The fallacy of many expert opinions of where research needs to go is presented. The book gives a few words of advice on various therapies and the rationality of their approaches and cautions against their limitations. The book devotes a chapter to suicide prevention in the military and how these efforts are bound to fail and another chapter on suicide prevention. The author makes important suggestions of how to prevent suicide and lessen suicide rates, particularly among the young. And lastly, a chapter is devoted to the specifics of grief for suicide survivors.

This book offers a theoretical framework for diagnosis and risk assessment of a patient's entry into the world of suicidality, and for the creation of preventive and public-health campaigns aimed at the disorder. The book also provides clinical guidelines for crisis intervention and therapeutic alliances in psychotherapy and suicide prevention.

Praise for *The Unique Grief of Suicide: Questions and Hope* "A gem of a book. Tom Smith is one of those unique human beings who, through a labor of love and generosity, is able to turn a personal tragedy into an opportunity to reach out and help many others. His work combines scientific data and personal feelings admirably." --Luis A. Giuffra, MD, PhD; professor of clinical psychiatry, Washington University School of Medicine "Very painful questions arise following the death by suicide of a loved one. Tom Smith's moving book identifies and organizes these questions--a very helpful thing in itself. But more, the book provides answers and also acknowledges that some questions do not have easy answers, reflecting accurately and sympathetically the experiences of those bereaved by suicide." --Thomas Joiner, PhD, author of *Why People Die by Suicide* and the Robert O. Lawton Distinguished Professor of Psychology, Florida State University With warmth and understanding, Tom Smith draws on his own grief following the suicide of his twenty-six-year-old daughter, Karla, and provides helpful resources and coping strategies to those grieving a suicide. Both practical and comforting, *The Unique Grief of Suicide* guides and educates those dealing with the different facets of suicide and offers a safe harbor within the storm of grief.

Each year in the United States, according to the CDC, approximately 34,000 people die from suicide. On average there are 94 deaths per day or one every fifteen minutes, and it is the 11th leading cause of death in our country. Over half of these deaths are attributed to self-inflicted gun shots. I understand the pull suicide has on a person's life because I found myself one evening at the base of a wall. Our will to live builds a strong wall around our lives to protect us from danger. On January 24th, 1986, when I was 16 years-old, I was about to climb over that wall. For seven months I had considered suicide as a way to release myself from years of despair and depression. My plan was to hide myself away from sight and sound in a secluded patch of woods and turn a rifle on myself. The suicidal thoughts had desensitized me so much to what I was doing it marginalized the actual killing process. Loading the rifle and pulling the trigger was a mere formality to reach the promised land of a life change through suicide. When I pulled the trigger, I knew I had made a mistake. Suicide had offered me a hand up and over the wall, and as I passed over the top, what I saw waiting for me on the other side made me regret ever pulling the trigger. It was too late for regrets; because once I pulled the trigger the bullet was gone forever. I was spared that night through an intervention but not an intervention of this world. If you are considering going over the same wall I did, please sit and allow me to tell you my story.

The fourth edition of *The Behavioral Sciences and Health Care* provides trainees in every area of health care with foundational concepts of behavioral science as applied to individual and population health and disease. The text breathes new life into the biopsychosocial model by highlighting the integrated sciences model, which focuses on interdependence of the contributions made by all of the sciences basic to medicine. This integration is exemplified by the unifying conceptual framework of evolutionary science, in which increasingly complex gene–individual–environmental interactions explain behavior at the individual and social level. Concise, updated chapters cover foundational elements of neuroscience, stress biology, normal psychology, and social factors in health care, addressing both traditional areas of behavioral science and topical concerns such as pain, palliative care, addictions, health care disparities, and violence. Uniquely among books of this kind, the text includes a thorough discussion of psychiatric disorders and therapies, aligned with current nosology (DSM-5). All chapters contain clinical pearls or vignettes, highlighted to emphasize applications in health care settings, as well as review questions and suggestions for further reading. A practice exam with extensive discussion of answers deepens students' understanding of core topics while preparing them for certifying and licensing exams. This text is particularly suited for use in systems-based and case-based curricula. Individual chapters can be used creatively in flipped classrooms and other active learning environments. Accessible and clear, without oversimplification, the book facilitates interdisciplinary education, providing a common core of knowledge for students in medicine, nursing, psychology, social work, and other health care professions.

In the year 2000, approximately one million people died from suicide: a "global" mortality rate of 16 per 100,000, or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 years (both sexes); these figures do not include suicide attempts up to 20 times more frequent than completed suicide. Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020. Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries. Mental disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide; however, suicide results from many complex sociocultural factors and is more likely to occur particularly during periods of socioeconomic, family and individual crisis situations (e.g., loss of a loved one, employment, honour). The economic costs associated with completed and attempted suicide are estimated to be in the billions of dollars. One million lives lost each year are more than those lost from wars and murder annually in the world. It is three times the catastrophic loss of life in the tsunami disaster in Asia in 2005. Every day of the year, the number of suicides is equivalent to the number of lives lost in the attack on the World Trade Center Twin Towers on 9/11 in 2001. Everyone should be aware of the warning signs for suicide: Someone threatening to hurt or kill him/herself, or taking of wanting to hurt or kill him/herself; someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person. Also, high risk of suicide is generally associated with hopelessness; rage, uncontrolled anger, seeking revenge; acting reckless or engaging in risky activities, seemingly without thinking; feeling trapped – like there's no way out; increased alcohol or drug use; withdrawing from friends, family and society, anxiety, agitation, unable to sleep or sleeping all the time; dramatic mood changes; no reason for living; no sense of purpose in life.

Table 1: Understanding and helping the suicidal individual should be a task for all.

Suicide Myths How to Help the Suicidal Person

Warning Sights of Suicide

Myth: Suicidal people just want to die. Fact: Most of the time, suicidal people are torn between wanting to die and wanting to live. Most suicidal individuals don't want death; they just want to stoop the great psychological or emotional pain they are experiencing

- Listen;
- Accept the person's feelings as they are;
- Do not be afraid to talk about suicide directly
- Ask them if they developed a plan of suicide;
- Expressing suicidal feelings or bringing up the topic of suicide;
- Giving away prized possessions settling affairs, making out a will;
- Signs of depression: loss of pleasure, sad mood, alterations in sleeping/eating patterns, feelings of hopelessness;

Myth: People who commit suicide do not warn others. Fact: Eight out of every 10 people who kill themselves give definite clues to their intentions. They leave numerous clues and warnings to others, although clues may be non-verbal or difficult to detect.

- Remove lethal means for suicide from person's home
- Remind the person that depressed feelings do change with time;
- Point out when death is chosen, it is irreversible;
- Change of behavior (poor work or school performance)
- Risk-taking behaviors
- Increased use of alcohol or drugs
- Social isolation
- Developing a specific plan for suicide

Myth: People who talk about suicide are only trying to get attention. They won't really do it. Fact: Few commit suicide without first letting someone know how they feel. Those who are considering suicide give clues and warnings as a cry for help. Over 70% who do threaten to commit suicide either make an attempt or complete the act.

- Express your concern for the person;
- Develop a plan for help with the person;
- Seek outside emergency intervention at a hospital, mental health clinic or call a suicide prevention center

Myth: Don't mention suicide to someone who's showing signs of depression. It will plant the idea in their minds and they will act on it. Fact: Many depressed people have already considered suicide as an option. Discussing it openly helps the suicidal person sort through the problems and generally provides a sense of relief and understanding. Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them. Talking about suicide does not cause someone to be suicidal; on the contrary the individual feel relief and has the opportunity to experience an empathic contact. Suicide profoundly affects individuals, families, workplaces, neighbourhoods and societies. The economic costs associated with suicide and self-inflicted injuries are estimated to be in the billions of dollars. Surviving family members not only suffer the trauma of losing a loved one to suicide, and may themselves be at higher risk for suicide and emotional problems. Mental pain is the basic ingredient of suicide. Edwin Shneidman calls such pain "psychache" [1], meaning an ache in the psyche. Shneidman suggested that the key questions to ask a suicidal person are 'Where do you hurt?' and 'How may I help you?'. If the function of suicide is to put a stop to an unbearable flow of painful consciousness, then it follows that the clinician's main task is to mollify that pain. Shneidman (1) also pointed out that the main sources of psychological pain, such as shame, guilt, rage, loneliness, hopelessness and so forth, stem from frustrated or thwarted psychological needs. These psychological needs include the need for achievement, for affiliation, for autonomy, for counteraction, for exhibition, for nurturance, for order and for understanding. Shneidman [2], who is considered the father of suicidology, has proposed the following definition of suicide: 'Currently in the Western world, suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution'. Shneidman has also suggested that 'that suicide is best understood not so much as a movement toward death as it is a movement away from something and that something is always the same: intolerable emotion, unendurable pain, or unacceptable anguish. Strategies involving restriction of access to common methods of suicide have proved to be effective in reducing suicide rates; however, there is a need to adopt multi-sectoral approaches involving other levels of intervention and activities, such as crisis centers. There is compelling evidence indicating that adequate prevention and treatment of depression, alcohol and substance abuse can reduce suicide rates. School-based interventions involving crisis management, self-esteem enhancement and the development of coping skills and healthy decision making have been demonstrated to reduce the risk of suicide among the youth. Worldwide, the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities. Reliability of suicide certification and reporting is an issue in great need of improvement. It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors, e.g., education, labour, police, justice, religion, law, politics, the media.

"This encyclopedia distills an amazing amount of information into a book that is easy to read and navigate. This would serve as a great reference for anyone with an interest in depression." Score: 96, 4 stars --Doody's Depression is the second most disabling disorder in the world. On a daily basis, virtually all mental health professionals confront patients with primary or secondary

depression. The wealth of information available globally on depression is enormous, but has not been summarized into a comprehensive encyclopedia-until now. Experts from around the globe have been selected to present interdisciplinary coverage of all the essential issues related to depression, including use of medication, treatment therapies and models, symptoms of Depression, related disorders, and more. Entries are conveniently organized into subcategories in order to provide the most in-depth coverage of each subject. Entries include: Adolescent Depression Behavioral Treatment Cognitive therapy Dopamine Double Depression Heredity Human Immuno-deficiency Virus (HIV) Personality Disorders Smoking Suicide Warning Signs In summarizing the vast amount of information on depression, The International Encyclopedia of Depression serves as an authoritative resource for researchers, patients, students, and laypeople.

Research has shown that there is a lack of formal training in suicide for mental health professionals in graduate psychology programs (Bongar & Harmatz, 1991; Batista, 2007). Suicide is a public health issue, with one suicide occurring approximately every 16 minutes in the United States (www.cdc.gov). A recently developed theory on why people die by suicide, the interpersonal-psychological theory, has gathered empirical support as an important way to think about suicide (Joiner, 2005). This study investigated the effects of a brief training on suicide that utilized Dr. Thomas Joiner's interpersonal-psychological theory. The presentation was given to graduate students who were therapists-in-training. The sample consisted of psychology graduate students (N=13) who attended an hour-long workshop on suicide. The participants filled out a pre-test measure before the presentation, and a post-test measure immediately following the training. The study examined the effects of the training, using measures created specifically for this purpose. The survey items measured whether confidence in working with suicidal clients increased and discomfort related to working with this population decreased. The questions assessed whether knowledge of current research on suicide increased, along with an understanding of risk factors. Lastly, the survey assessed whether a conceptual understanding of Dr. Thomas Joiner's interpersonal-psychological theory was gained. Results indicated that participants demonstrated a statistically significant increase in knowledge for the following items: what factors enable someone to die by suicide, familiarity with current research on risk factors for suicide, familiarity with Joiner's interpersonal-psychological theory and awareness of resources for working with suicidal clients.

Every year, about 30,000 people die by suicide in the U.S., and some 650,000 receive emergency treatment after a suicide attempt. Often, those most at risk are the least able to access professional help. Reducing Suicide provides a blueprint for addressing this tragic and costly problem: how we can build an appropriate infrastructure, conduct needed research, and improve our ability to recognize suicide risk and effectively intervene. Rich in data, the book also strikes an intensely personal chord, featuring compelling quotes about people's experience with suicide. The book explores the factors that raise a person's risk of suicide: psychological and biological factors including substance abuse, the link between childhood trauma and later suicide, and the impact of family life, economic status, religion, and other social and cultural conditions. The authors review the effectiveness of existing interventions, including mental health practitioners' ability to assess suicide risk among patients. They present lessons learned from the Air Force suicide prevention program and other prevention initiatives. And they identify barriers to effective research and treatment. This new volume will be of special interest to policy makers, administrators, researchers, practitioners, and journalists working in the field of mental health.

A 13-year-old girl loses hope as she watches her family lose their business. A young woman sees no reason to go on living when her own father tells her she is nothing but a lazy, good for nothing whore. A middle-aged Deacon's wife goes into periods of black despair until she is healed of a traumatic childhood and understands it was not her fault. A 15-year-old boy sees no reason to go on, saying, "I'm a nothing and a nobody and it doesn't matter what happens to me anyway." The suicide rate in girls ages 10-14 rose 76% in the past 15 years. The greatest increase has been in those who are 34-64. More people die from suicide than car accidents. Suicide begins in the mind. Desperate feelings with no hope and emotional pain so severe it makes suicide appear to be an option. It leaves family members in a catastrophic grief. In "Suicide Is Not Your Answer" Patricia shows how inmates, battered women, juveniles and those with mental disorders choose life. She has worked in prisons, a battered women's shelter, the psychiatric ward of a hospital, with Navy families and the juvenile court. She tells how she chose life rather than suicide at the age of 23 and went on to help many others choose life. Suicide is an epidemic of over 42,700 deaths a year. This book will show you concrete ways in how to choose life and help others. You won't be able to put it down as you read of the hope, courage, inspiration and miracles of new life for those who are suicidal.

The current suicide public health crisis and advances in clinical practice have increased the need for clear, evidence-informed guidance on suicide prevention in healthcare. This clinical suicide prevention handbook is an essential resource for mental health and primary care professionals, and any practitioner aiming to ensure their practice is up-to-date, patient-centred and consistent with the most current standards of care. Starting with a summary of the science and public health model of suicide, the book offers quick tips for suicide screening, risk assessment, interventions, and follow-up communication. It discusses medicolegal risk management, how health systems can prevent suicide and provides highly specialized guidance for clinicians following the loss of a patient to suicide. Focused sections include incorporating social media into care plans, telemedicine, issues related to culture and race/ethnicity, and working with specific populations. It introduces an integrated, prevention-oriented approach to suicide prevention, incorporating realistic supports, foreseeable changes, and strategies.

In 2019, Singapore had 400 reported suicides, with an increasing number of young people choosing to take their lives. Synopsis It is estimated that 800,000 people globally kill themselves every year. Our post pandemic world, with its numerous disruptions, has also forced more people to seek help for mental health issues. While much has been said about the toll on mental health, there is little understanding of why people choose to kill themselves, especially when many, like celebrities Anthony Bourdain and Kate Spade had so much to live for. Author Mahita Vas has battled suicidal thoughts for all her adult life. She even lost one of those battles and tried to kill herself, only to be rescued within seconds of breathing her last. It is difficult for those left behind to understand why their loved one would choose to die. A Good Day to Die offers readers an intimate exploration of an anguished mind, weaving personal experience with academic reports.

Why a book about suicide, COVID-19, and Ketamine? These delicate topics are more inter-related than you might think. The World Health Organization (WHO) estimates that each year 800,000 people die from suicide. But have you wondered about the long-term unintended consequences of COVID-19? The deluge of mental-health problems like depression, suicide, and drug overdoses resulting from the pandemic. Depression, suicide and drug overdoses have been a problem since long before the pandemic. But COVID-19 has made the situation worse: it is more of a crisis than a pandemic. Lockdowns have fueled a litany of

tragedies: suicides, drug overdoses, heightened crime, starvation, financial ruin, and much more. Adolescent and adult mental illness have skyrocketed during the crisis, and the tsunami of post-traumatic stress, depression, and suicides will follow. The mental-health consequences will persist long after the COVID-19 pandemic ends. Because of the lockdowns, we expect millions of people will die of hunger and postponed medical treatments, a potential outcome that, unfortunately, has developed less notice. The result is a "perfect storm" of suicides and drug overdose deaths. Mental-health practitioners are employing everything, including telemedicine, to help people battle this threat. Suicide is subtle, and the decision to take your own life is often impulsive. The treatment of suicide and depression is complex, with current medications taking weeks or months to work. When a loved one commits suicide, they leave many unanswered questions. Constant thoughts of "what" and "why," permeate the minds of those left behind. We do not have many effective treatments for suicide. But there is one drug that can often stop suicide in its tracks: ketamine. Few are aware that this decades-old anesthetic and party drug might save your loved one's or even your life. Our goal is to convince you ketamine is a legitimate path to treat mental disorders. Simply said, ketamine works. If your loved one was suicidal, would you suggest trying ketamine? Or use it yourself?

The main purpose of this book is to provide the first comprehensive analysis of suicide in psychiatric patients. 95 per cent of those who commit suicide had a psychiatric disorder and yet suicide is rarely investigated in psychiatric patients. The book provides a relevant contribution to the prediction and prevention of suicide. This is a first book devoted to the subject with comprehensive chapters, including epidemiology, risk factors, preventive strategies and available treatments.

This book has been replaced by *Child and Adolescent Suicidal Behavior, Second Edition*, ISBN 978-1-4625-4658-9.

Suicide is a complex human behaviour that remains one of the leading causes of death worldwide. Although suicidal behaviour continues to perplex clinicians and scholars, there have been recent advances with regard to the research related to the understanding, assessment, and biopsychosocial treatment of suicidal individuals, as well as the prevention of suicidal behaviour. This volume combines the efforts of several leaders in the field of suicidology in an attempt to grasp a better understanding of why people have suicidal thoughts, engage in suicidal behaviour, and ultimately die by suicide. The book is divided into four major parts and provides a comprehensive summary of the exciting progress being made in the field of suicide prevention. Part I discusses epidemiology, epigenetics, and theories of suicide. Part II focuses on assessment, prevention, intervention, and postvention. Part III examines suicide in special populations. Part IV explores suicidal behaviours in psychological disorders. This unique and comprehensive book is intended for graduate students, researchers, clinicians, and professionals who may encounter issues relating to suicide on a regular basis.

Almost one million people die worldwide by suicide each year, making it one of the leading causes of death throughout the lifespan. Suicide attempts outnumber deaths by suicide by a ratio of at least 25:1, those who attempt suicide are at high risk of later death by suicide, and suicide risk is one of the most frequent reasons for admissions to inpatient psychiatric units. Treatment of those at risk for suicide is thus a pressing priority. Research over the past two decades has led to the development of excellent empirically supported treatment methods. This book aims to increase clinicians' access to empirically supported interventions for suicidal behavior, with the hope that these methods will become the standard in clinical practice.

Perspectives on a Young Woman's Suicide is a unique and updated analysis of a diary left behind by Katie, a young woman who took her own life. By drawing on clinicians, researchers, survivors of suicide loss, and those closest to Katie, this book delves into common beliefs about why people die by suicide and into the internal worlds of those who do, as well as ethical and moral questions surrounding those deaths. Several contributors discuss Katie's suicide from the perspective of recent theories of suicide, including Joiner's interpersonal theory and Klonsky's three-step theory. Two contributors who have lost a child to suicide look at Katie's diary from their perspective, one of whom discusses whether it is truly possible to prevent suicide. Finally, Katie's sister reveals her reactions to this project and her ex-boyfriend shares his account of her death. This book is a vital addition to the library of any researcher, academic, or professional interested in suicide and suicide prevention.

'Het is alsof Heather Clark uur na uur naast Sylvia Plath loopt. Adembenemend.' – Connie Palmen Zestig jaar na haar spectaculaire debuut als dichter verschijnt een gloednieuwe, allesomvattende biografie van Sylvia Plath. Rode komeet geeft ons de uitzonderlijk getalenteerde vrouw terug die zo lang door haar tragische einde is overschaduwd. Met een rijkdom aan nieuwe bronnen reconstrueert Heather Clark Plaths stormachtige ontwikkeling als dichter en intellectueel. We lezen over haar vastberadenheid geen conventioneel pad te volgen, haar conflictueuze verhouding tot haar moeder, haar worstelingen met een volkomen inadequate geestelijke gezondheidszorg, haar jaren in Cambridge en haar explosieve verbintenis met Ted Hughes, met wie ze samen de poëziewereld diepgaand zou beïnvloeden. Rode komeet gaat over een leven in volledige toewijding – niet aan de dood maar aan de kunst. "Kracht is het vermogen om te lijden," heeft de denker Wittgenstein eens genoteerd. Die kracht heeft Sylvia Plath in haar poëzie ten volle weten te ontplooiën, zoals deze biografie overtuigend laat zien.' – Anneke Brassinga 'Eindelijk de biografie die Sylvia Plath verdient... Een magistraal boek... Een indrukwekkende prestatie.' – Ruth Franklin, literair criticus en biograaf 'Dit is de grootse biografie van deze grote dichter waar we zo lang op hebben gewacht.' – Mary Dearborn, schrijver en biograaf 'Een grandioze biografie.' – Kirkus Reviews 'Leest als een pageturner... een fantastisch werk.' – Publisher's Weekly

Almost a million people die by suicide every year (WHO estimate) The sheer numbers have made suicide prevention a major health target, but effective prevention is not straightforward. Suicide is a complex event, more complex than most of us imagine, calling for an equally complex response. *Psychotherapy with Suicidal People* provides a multi-component approach, with rich clinical data including many case histories, to guide the reader. Based on decades of research from across the globe, Antoon A. Leenaars takes the reader into the mind of the suicidal person, from the young to the elderly, from the anonymous to the famous. There is no better way to know, and thus to treat, a person. A plethora of special features makes this volume an international classic and includes: Reflections of many suicidologists such as Heraclitus, Plato, Sigmund Freud, Emile Durkheim and Edwin Shneidman. A unique window on the clinical mind of the author. Empirically supported definition, with applications across age, gender, historical time, as well as culture. The report of the International Working Group on Ethical and Legal Issues in Suicidology. *Psychotherapy with Suicidal People: A Person-centred Approach* is essential reading for clinical psychologists, psychiatrists and their trainees, and all clinicians who work with suicidal people.

Diepgaande studie van de Franse socioloog (1858-1917)

Suicide and self-harm are world-wide public health issues that can have devastating effects on families, friends and communities. They are both a priority for anyone working in mental health, social work, emergency departments and related fields, however suicidal and self-harming behaviour can take place anywhere anytime- it may be a pupil in a school, an inmate in a prison or a colleague or family member. For this reason, this book has been written in a clear, accessible and practical style for anyone who wants to learn more about working with and preventing suicidal and self-harming behaviour. • It identifies common risk and protective factors as well as specific warning signs of imminent suicidal behaviour. • It provides essential communication skills for undertaking a risk assessment, illustrating how each skill can be used in real-life practice. • It looks specifically at the issue of self-harm and suicide in prisons, schools and emergency departments. • It lays out clear strategies for identifying and addressing issues of self-care when working with people who are suicidal or who self-harm. • It identifies how we can assist those who are bereaved following the death of a loved one by suicide. Packed with learning outcomes, case

scenarios and reflective questions, this book acts as a toolkit for anyone working in this difficult field.

'Read this incredible book. I wept and I learnt' - Prof Tanya Byron 'This book comes from the heart' - Roman Kemp 'Compassionate, personal and thought-provoking' - Prof Steve Peters When you are faced with the unthinkable, this is the book you can turn to. Suicide is baffling and devastating in equal measures, and it can affect any one of us: one person dies by suicide every 40 seconds. Yet despite the scale of the devastation, for family members and friends, suicide is still poorly understood. Drawing on decades of work in the field of suicide prevention and research, and having been bereaved by suicide twice, Professor O'Connor is here to help. This book will untangle the complex reasons behind suicide and dispel any unhelpful myths. For those trying to help someone vulnerable, it will provide indispensable advice on communication, stressing the importance of listening to fears and anxieties without judgment. And for those who are struggling to get through the tragedy of suicide, it will help you find strength in the darkest of places.

Worldwide, at least 1 million people die by suicide each year and many millions more attempt suicide. In this book leading figures from psychiatry, psychology, epidemiology, public health, and social medicine bring together the research evidence concerning the key elements in suicide prevention and treatment of suicidal behaviour, and translate it into implications for practical action. This book will be an essential source for anyone concerned with the design and implementation of effective suicide prevention strategies, including clinicians working with individual patients, strategic policy makers, and researchers.

Drawing on research, clinical types, case histories, and conversations with suicidal young people and their friends, the author explores the motives underlying suicide among youths and the recognition of symptoms of depression.

This handbook addresses the current state and practice of school psychology with a focus on standards unique to Australia, including historical, legal, ethical, practical, and training factors. It provides a compilation of the most current research-based practices as well as guidelines for evidence-based assessment and intervention for common conditions (e.g., autism, depression, learning disabilities) and for delivering appropriate services to targeted student populations (e.g., LGBT, gifted, medical issues). Chapters discuss the application of national and international school psychology practices within the Australian educational and psychological structure. The handbook also examines the lack of formal resources specific to Australia's culture and psychology systems, with its unique mix of metropolitan cities and the vast geographic landscape that spans regional and remote areas. It offers numerous case studies and innovative school mental health programs as well as recommendations for professional development and advocacy that are unique to Australian school psychology. Topics featured in this Handbook include: Evidence-based assessment and intervention for dyscalculia and mathematical disabilities. Identification and management of adolescent risk-taking behaviors and addictions. Understanding and responding to crisis and trauma in the school setting. Prevention and intervention for bullying in schools. Class and school-wide approaches to addressing behavioral and academic needs. The role of school psychologists in the digital age. Practical advice for school psychologists facing complex ethical dilemmas. The Handbook of Australian School Psychology is a must-have resource for researchers, scientist-practitioners, and graduate students in child and school psychology, social work, and related fields that address mental health services for children and adolescents.

Why People Die by Suicide Harvard University Press

The Interpersonal-Psychological Theory of Attempted and Completed Suicide was published by Professor Thomas Joiner in 2005. This book is a critique of this theory with emphasis on whether or not it is a new theory of suicide, omissions in the literature Dr. Joiner reviewed to formulate the theory, the theory monumental task to explain the deaths of certain victims of 9/11 as suicides rather than homicides resulting from the al-Qaida terrorists attacks, violations of fundamental assumptions in qualitative and quantitative studies supporting the main tenet of the theory, and the problem of empirically testing core assumptions in the theory.

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