

Suicide and Risk Assessment in Times of Pandemic



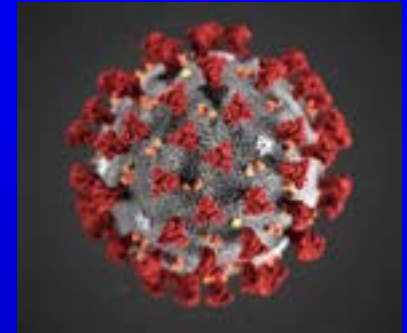
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Levinski 190420 12-13



International Academy
of Suicide Research

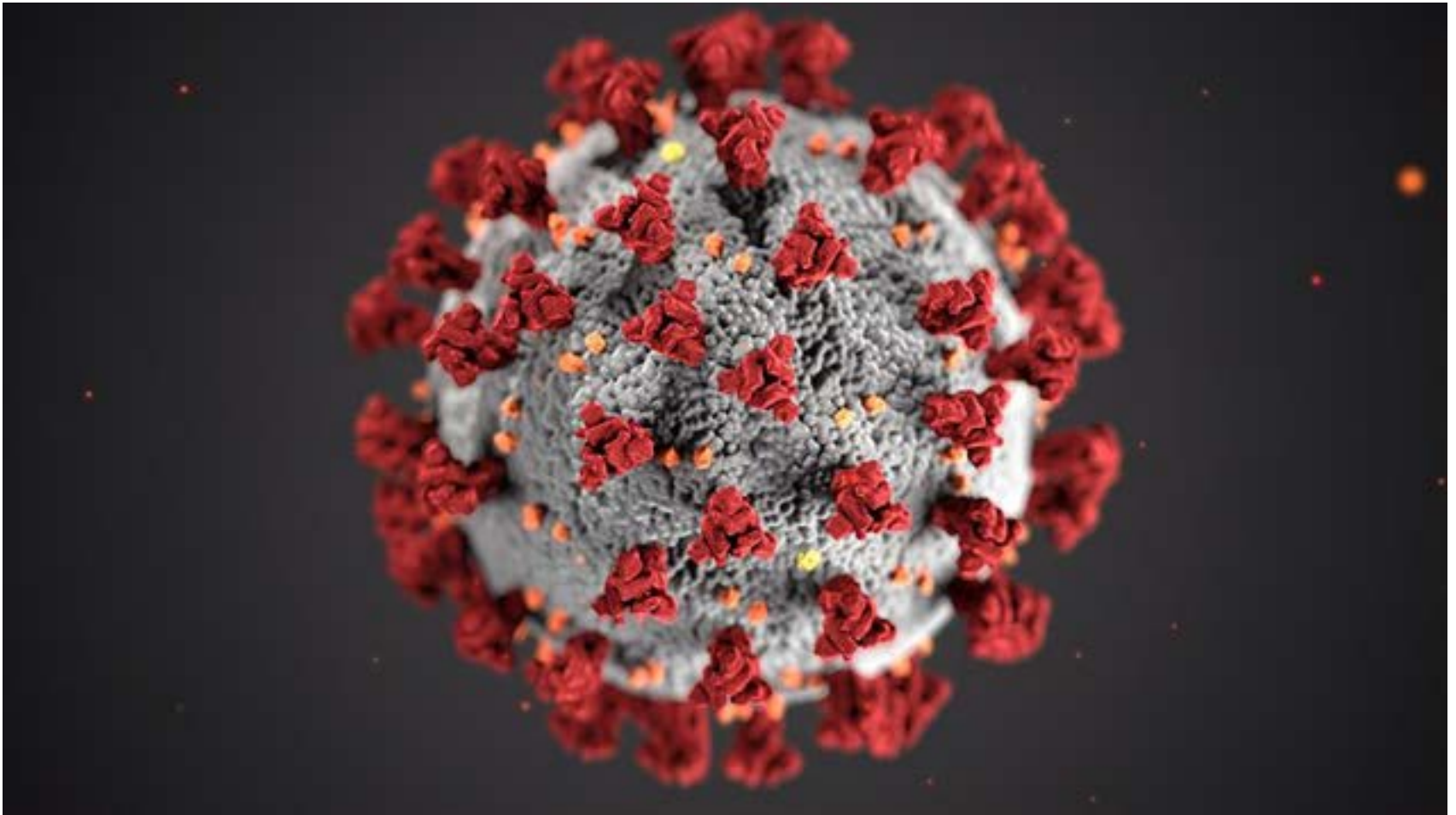


COLUMBIA UNIVERSITY
*College of Physicians
and Surgeons*

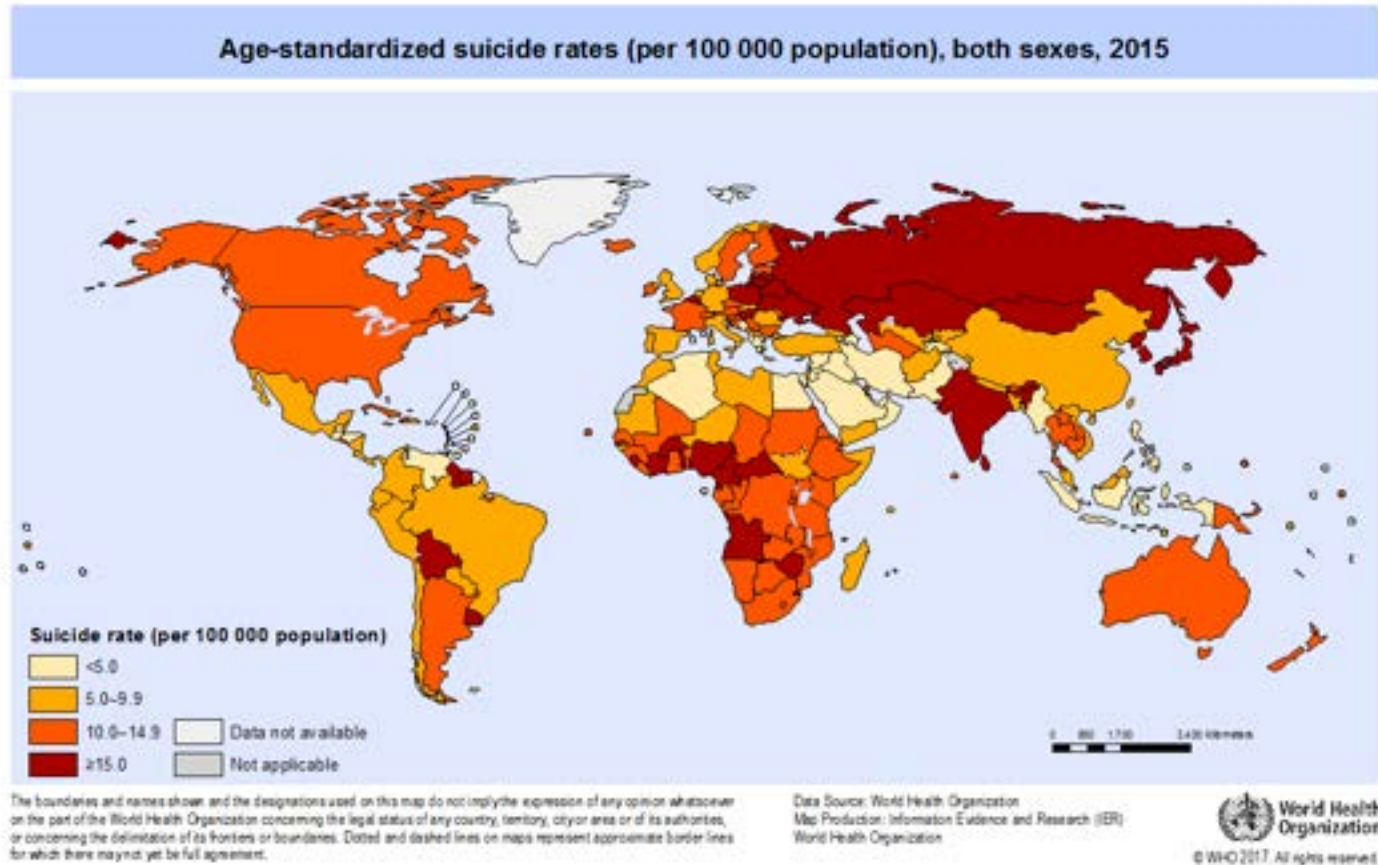
TEL AVIV UNIVERSITY
SACKLER FACULTY OF MEDICINE



Suicide Before COVID-19



900,000 suicides a year worldwide



Globally: 10.7 per 100K (2017)

Israel: 6.2 per 100K (2017)

National Center for Health Statistics CDC April 2020



Adobe Reader Touch

NCHS Data Brief ■ No. 362 ■ April 2020

Increase in Suicide Mortality in the United States, 1999–2018

Holly Hedegaard, M.D., Sally C. Curtin, M.A., and Margaret Warner, Ph.D.

Key findings

Data from the National Vital Statistics System, Mortality

- From 1999 through 2018, the suicide rate increased 35%, from 10.5 per 100,000 to 14.2.
- The rate increased on average approximately 1% per year from 1999 to 2006

Suicide is the 10th leading cause of death for all ages in the United States (1). Suicide is a major contributor to premature mortality as it ranks as the second leading cause of death for ages 10–34 and the fourth leading cause for ages 35–54 (1). Despite national goals to lower the suicide rate (2), several recent reports have documented a steady increase in suicide rates in recent years (3–6). This data brief uses final mortality data from the National Vital Statistics System (NVSS) to update trends in suicide rates from 1999 through 2018 and to describe differences by sex, age group, and urbanicity of county of residence.

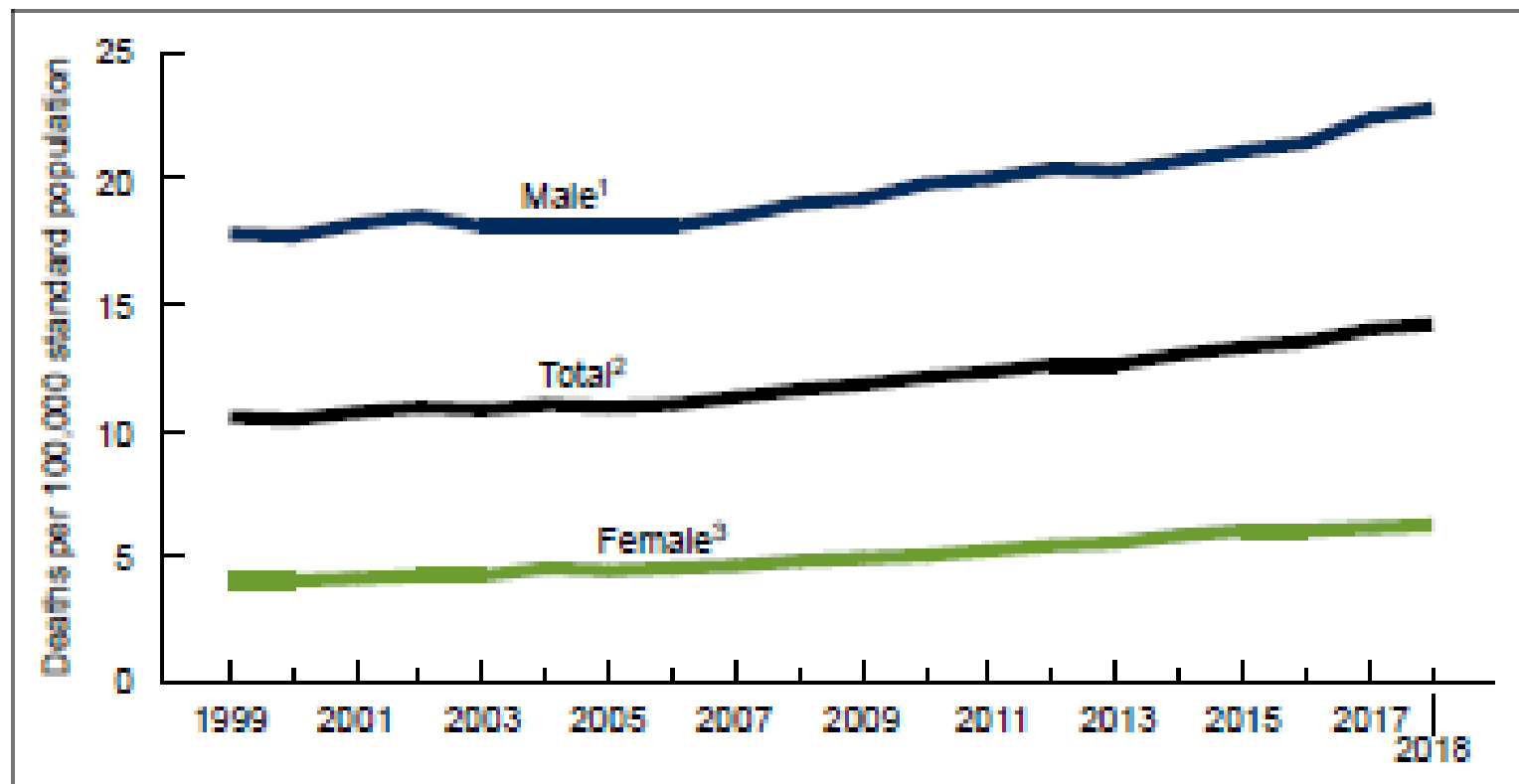
From 1999 through 2018, suicide rates increased for both males and females, with greater increases occurring after

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16/04/2020

National Center for Health Statistics CDC April 2020

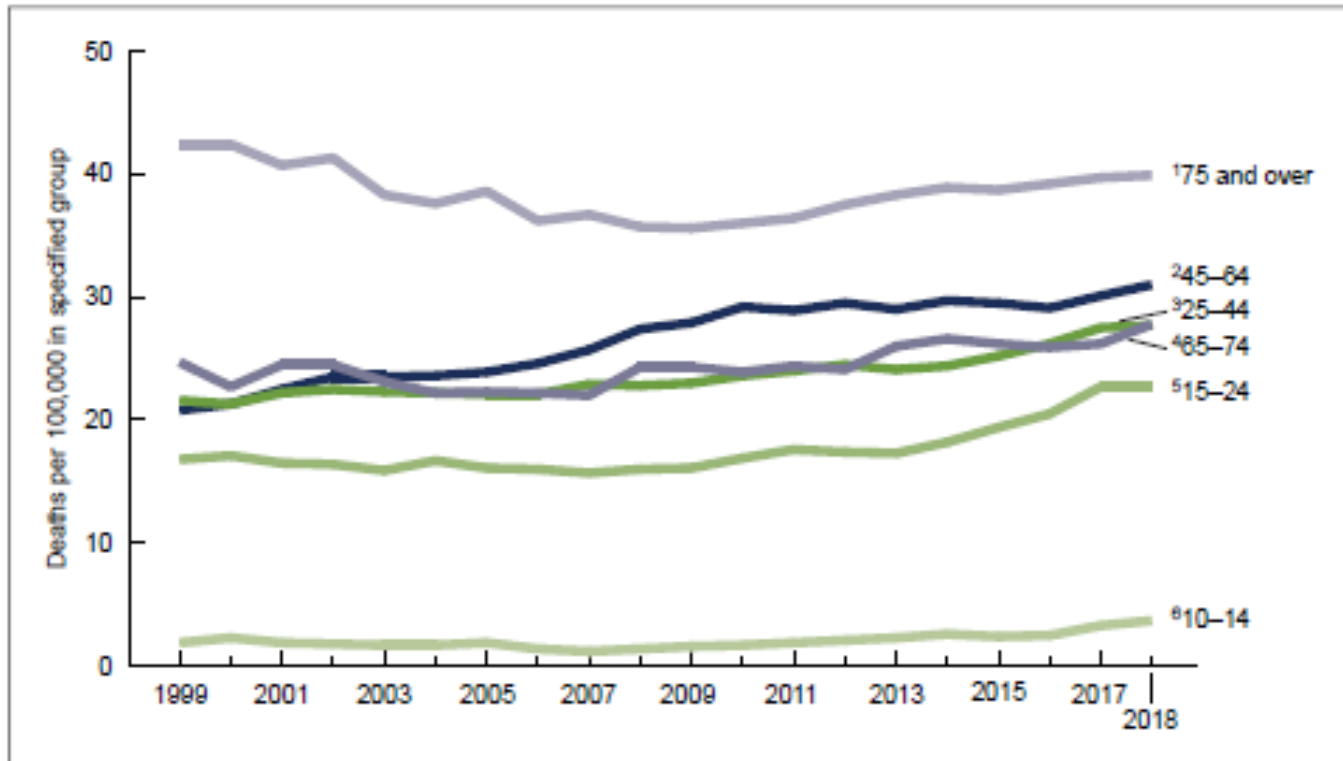
Figure 1. Age-adjusted suicide rates, by sex: United States, 1999–2018



¹ Data for 1999–2002 based on 1999–2002 standard population; data for 2003–2018 based on 2000–2018 standard population. ² Total rate is the sum of the male and female rates. ³ Data for 1999–2002 based on 1999–2002 standard population; data for 2003–2018 based on 2000–2018 standard population.

National Center for Health Statistics CDC April 2020

Figure 3. Suicide rates for males, by age group: United States, 1999–2018



¹Significant decreasing trend from 1999 to 2008, then increasing trend from 2008 through 2018, $p < 0.05$.

²Significant increasing trend from 1999 to 2010 with different rates of change over time; stable trend from 2010 through 2018, $p < 0.05$.

³Significant increasing trend from 1999 through 2018, with different rates of change over time, $p < 0.05$.

⁴Stable trend from 1999 to 2005; significant increasing trend from 2005 through 2018, $p < 0.05$.

⁵Significant decreasing trend from 1999 to 2007, then increasing trend from 2007 through 2018 with different rates of change over time, $p < 0.05$.

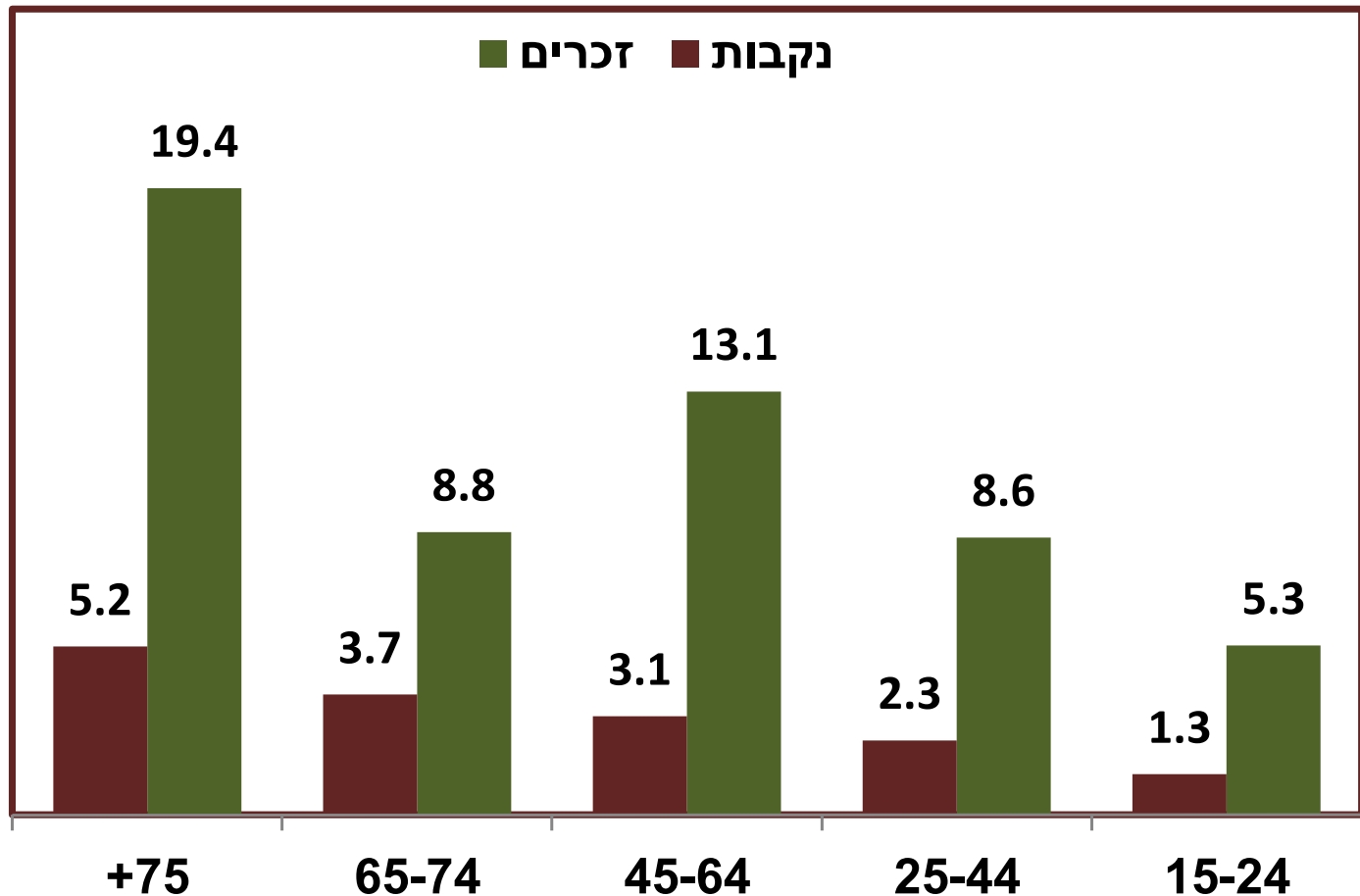
⁶Significant decreasing trend from 1999 to 2008, then increasing trend from 2008 through 2018, $p < 0.05$.

NOTES: Suicides are identified using International Classification of Diseases, 10th Revision underlying cause-of-death codes U03, X60–X84, and Y87.0.

Access data for Figure 3 at: <https://www.cdc.gov/nchs/data/databriefs/db362-tables-508.pdf#3>.

SOURCE: NCHS, National Vital Statistics System, Mortality (NVSS-M).

Higher suicide rates in the elderly

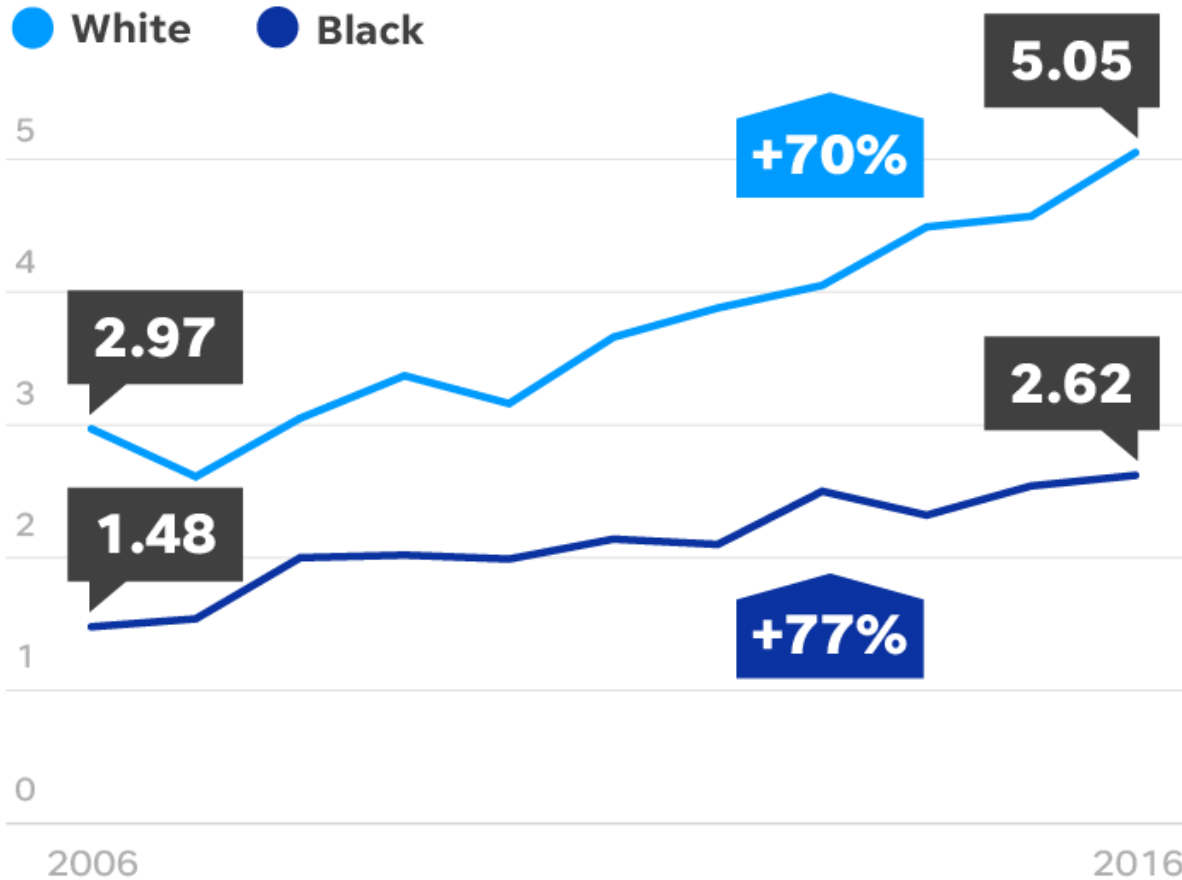


Rates per 100,000 population
Green=males

Teen suicide is soaring. The biggest rate increase was among black youth



Suicides per 100,000 10-to-17 year-olds from 2006 to 2016:



SOURCE Centers for Disease Control and Prevention
Karl Gelles/USA TODAY

Earlier onset of suicide

In the past decade suicide among 10-14y old children rose from 0.5 to 1.5 per 100K

Jobes BMJ 2012



עליה במספר התאבדויות בילדים לפני ההתבגרות

22-24	19-21	15-18	מתחת לגיל 15	
124	167	88	12	2000-2004
131	154	67	16	2005-2009
97	107	49	24	2010-2014

מספר מקרי ההתאבדות מתחת לגיל 15 נמוך אבל נמצאה עליה מדאיגה.
בשאר הגילאים, מספר המקרים יורד בשנים האחרונות.

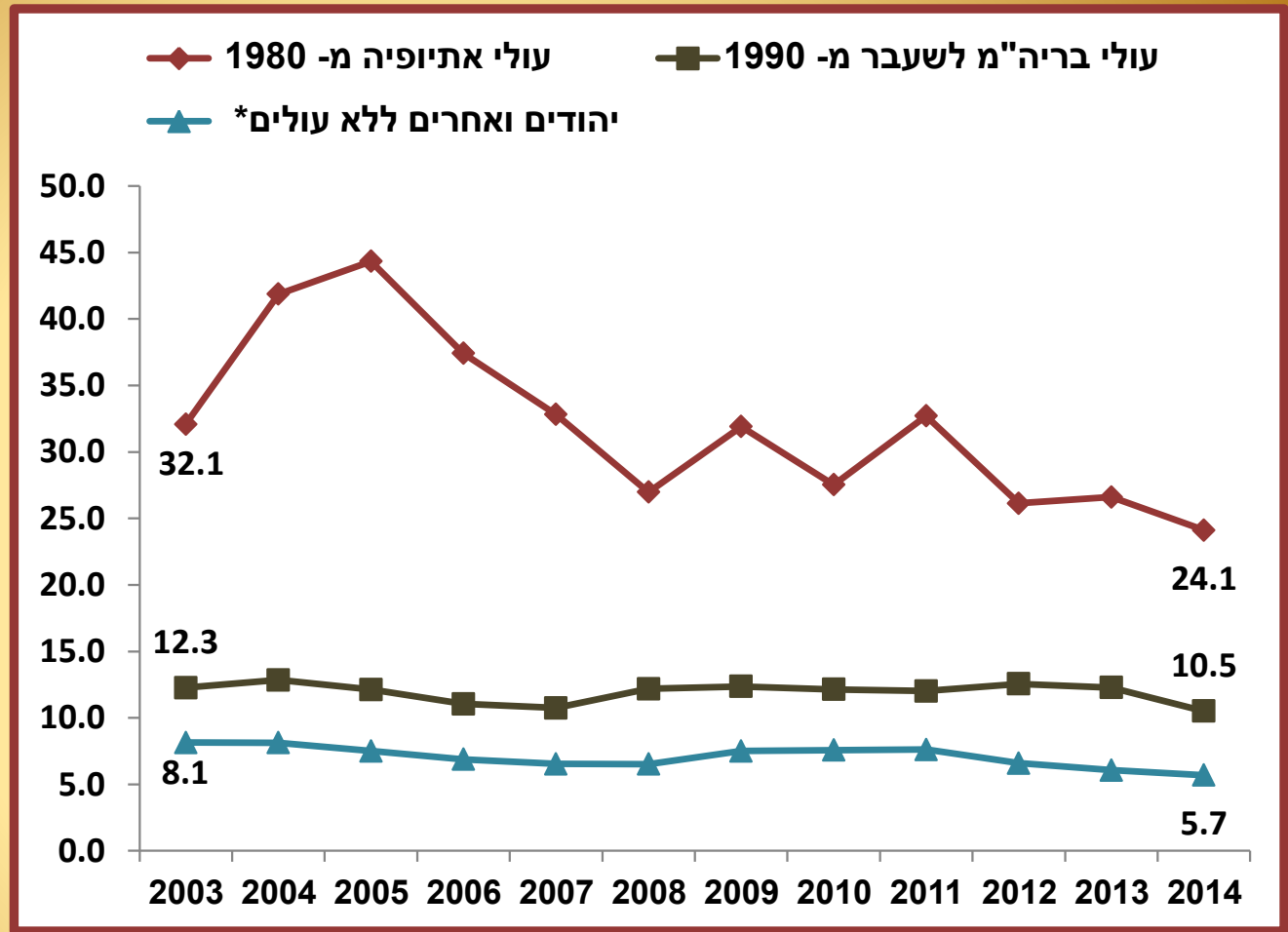
**NETFLIX'S
13
REASONS
WHY**



The Blue Whale



שיעור ההתאבדות בקרב עולים



* יהודים ואחרים ללא עולים:
ללא ילידי בריה"מ לשעבר
שעלו מ-1990 וללא ילידי
אתיופיה שעלו מ-1980.

** מתוקן לאוכלוסייה

הממוצעת בישראל בשנת 2009

שיעור מתוקן לגיל** ל-100,000 נפש, ממוצע נע תלת שנתי.

השיעור המתוקן לגיל בקרב עולי בריה"מ לשעבר גבוה פי 1.8 מיהודים ואחרים ויורד לאחרונה. בקרב עולי אתיופיה השיעור גבוה פי ארבעה, אך ירד מהשיא ב-2004-2006.

■ Risk

Assessment

Risk Assessment -1

- Male!!! 4-5 times more!!!
- Previous suicide attempt
- Psychopathology (MDD X13)
- Early or untreated depression
- Acute stressor (X1.3, may be a result)
- Humiliation
- Bulling
- Living alone, loneliness
- No support system
- Immigration

Risk Assessment-2

- Aggression
- Substance abuse
- Cigarette smoking
- Problem with the law
- Problems in school
- Genetics (GxExT)
- Hopelessness- Despair
- Helplessness
- Insight of the mental disorder
- Poor decision making

(Schwartz-Stav O, 2006)

Risk Assessment-3

- S/P sexual abuse (early)
- Unclear gender identity
- Masked sexual preferences
- Current suicide ideation and intent
- Unemployment
- Perfectionism, Narcissism (Freudenstein O, 2002)
- Poor self Disclosure (Horesh N, 2004)
- Mimicking and Clusters

Risk factors are additive

תסמונת המשבר האובדני

suicidal crisis syndrome

(Galynker 2017)

- מחשבות כרוניות ממושכות ואז משבר חריף ונסיון אובדני או התאבדות
- יש לטפל מהר במשבר אך גם לטפל במטופל ובמשפחתו אחרי המשבר למניעת המשבר הבא
- גורמי סיכון לעבור ממצב כרוני למצב חריף: הלכדות (entrapment), הפרעה חריפה במצב הרוח, הפרעה קוגניטיבית, עוררות יתר (אגיטציה, אינסומניה, איריטביליות) נסיגה חברתית (בדידות והסתגרות חברתית).

תסמונת המשבר האובדני suicidal crisis syndrome (Galynker 2017)

The development of an acute suicidal diagnosis, the Suicide Crisis Syndrome (SCS), is aimed at capturing this state to better treat individuals.

The SCS has five main evidence-based components

- 1. entrapment**
- 2. affective disturbance**
- 3. loss of cognitive control**
- 4. hyperarousal**
- 5. social withdrawal**

■ Prevention

Lancet Psychiatry 2016

Articles

Suicide prevention strategies revisited: 10-year systematic review



Gil Zalsman, Keith Hawton, Danuta Wasserman, Kees van Heeringen, Ella Arensman, Marco Sarchiapone, Vladimir Carlj, Cyril Höschl, Ran Barzilay, Judit Balázs, György Purebl, Jean Pierre Kahn, Pilar Alejandra Sáiz, Cendrine Bursztein Lipsicas, Julio Bobes, Doina Cozman, Ulrich Hegerl, Joseph Zohar

Summary

Background Many countries are developing suicide prevention strategies for which up-to-date, high-quality evidence is required. We present updated evidence for the effectiveness of suicide prevention interventions since 2005.

Lancet Psychiatry 2016

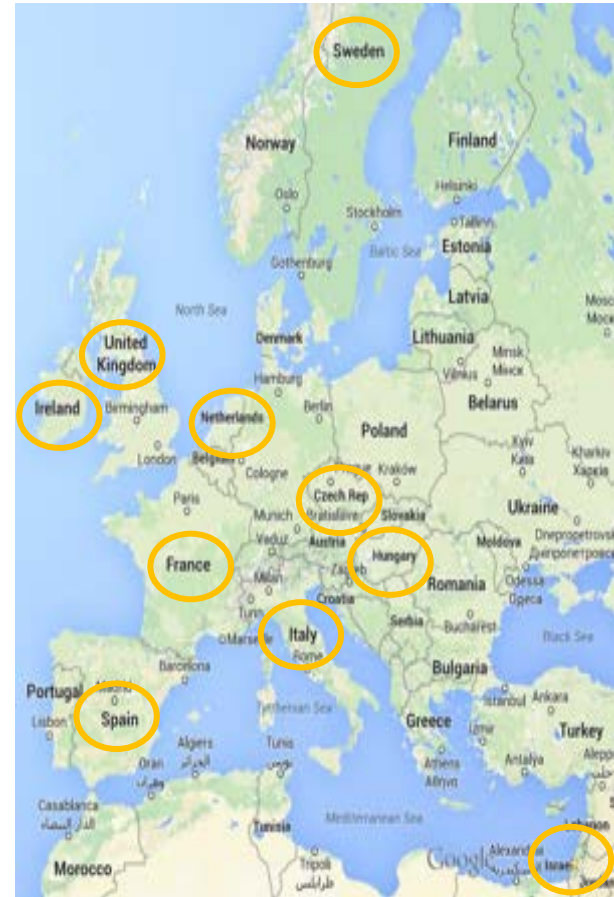
Published Online

June 8, 2016

[http://dx.doi.org/10.1016/S2052-3025\(16\)00010-1](http://dx.doi.org/10.1016/S2052-3025(16)00010-1)

Experts in suicide research from all over Europe.

- United Kingdom
- Sweden
- The Netherlands
- Ireland
- Italy
- Czech Republic
- Hungary
- France
- Spain
- Germany
- Romania
- Israel

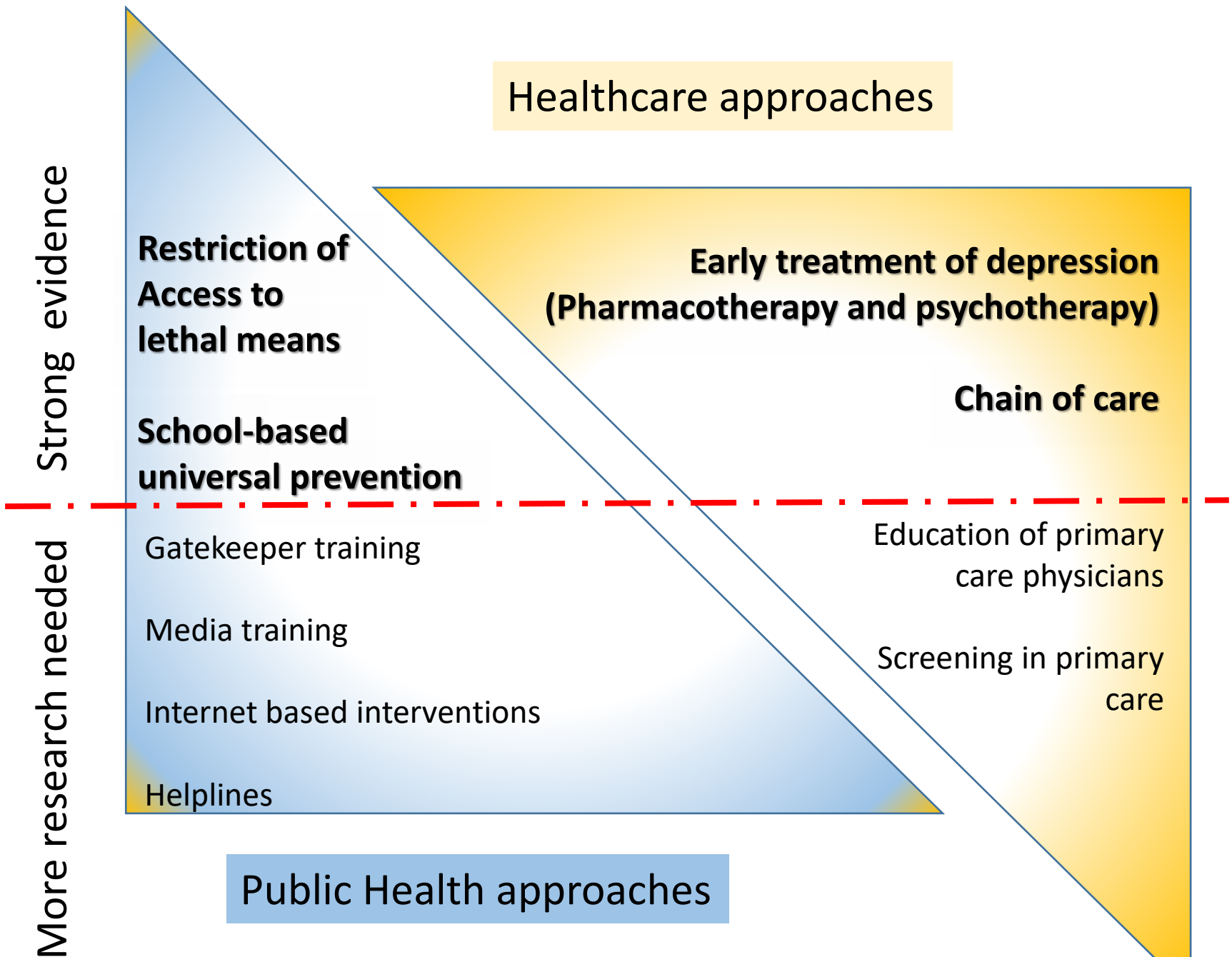


Classification of evidence



A green rectangular sign with rounded corners and a white border, mounted on two wooden posts. The sign features the word "Results" in a large, white, sans-serif font. The background is a bright blue sky filled with scattered white cumulus clouds.

Results



Golden Gate - San Francisco Suicide “Hot Spot”







Moher Cliffs, Ireland



Moher Cliffs, Ireland



Shepard Pratt Hospital, Baltimore, Maryland



Limiting pack size of analgesics (Paracetamol & Salicylates) 16/9/98

UK legislation on analgesic packs: before and after study of long term effect on poisonings

Keith Hawton, Sue Simkin, Jonathan Deeks, Jayne Cooper, Amy Johnston, Keith Waters, Morag Arundel, William Bernal, Bridget Gunson, Mark Hudson, Deepak Suri, Kenneth Simpson

- **Deaths lower by 22%**
- **Non fatal OD lowered by 29%**
- **Liver transplant reduced by 30%**
- **Some shift to ibuprofen (not fatal)**

Hawton et al., BMJ, 2004



What this study adds

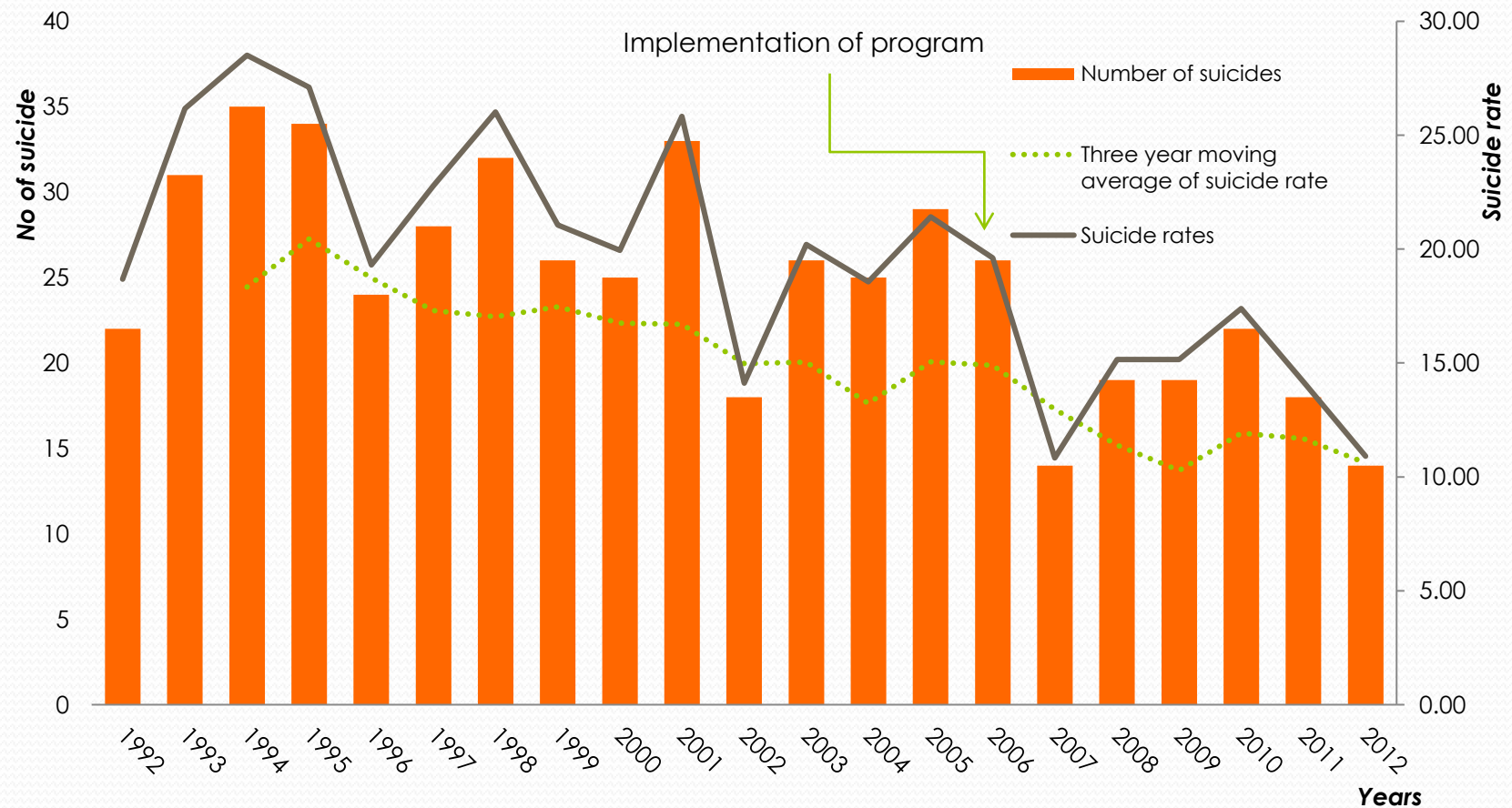
Legislation limiting pack sizes of analgesics has had sustained beneficial effects

Decreases have occurred in mortality and size of non-fatal overdoses and in admissions to liver units and liver transplants due to paracetamol poisoning

Although some substitution with ibuprofen may have occurred, there is no evidence that this has affected mortality

IDF suicide rate in 20 years – effect of gun restrictions

Fig 1 Number of suicides, suicide rates, and three year moving average for rates of suicide, IDF Mandatory service, 1992-2012



Lubin G et al., 2010; Laor L unpublished data; Shelef et al., 2016 in press

The Daily - Windows Internet Explorer

http://www.thedaily.com/page/2012/08/17/081712-news-anti-suicide-spray-1-4

File Edit View Favorites Tools Help

Wednesday, August 29, 12:37 am Follow us

THE DAILY DEVICES ABOUT BLOG SUPPORT CONTACT

This article has been shared from The Daily

SPRAY OF HOPE

Military developing anti-suicide nasal spray as deaths hit record numbers

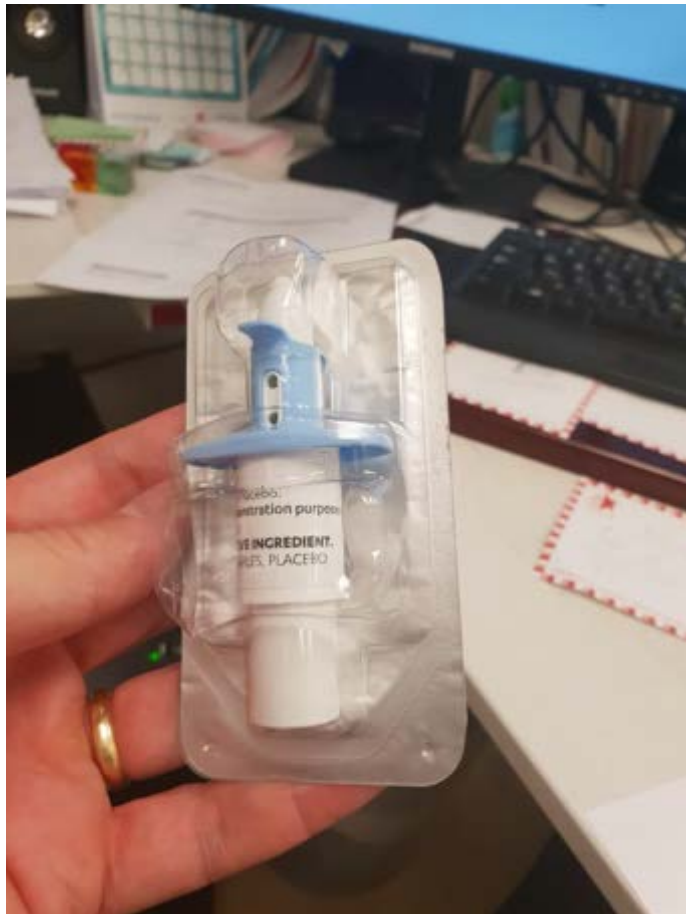
By Kate Drummond Friday, August 17, 2012

Like 240

Download for iPad



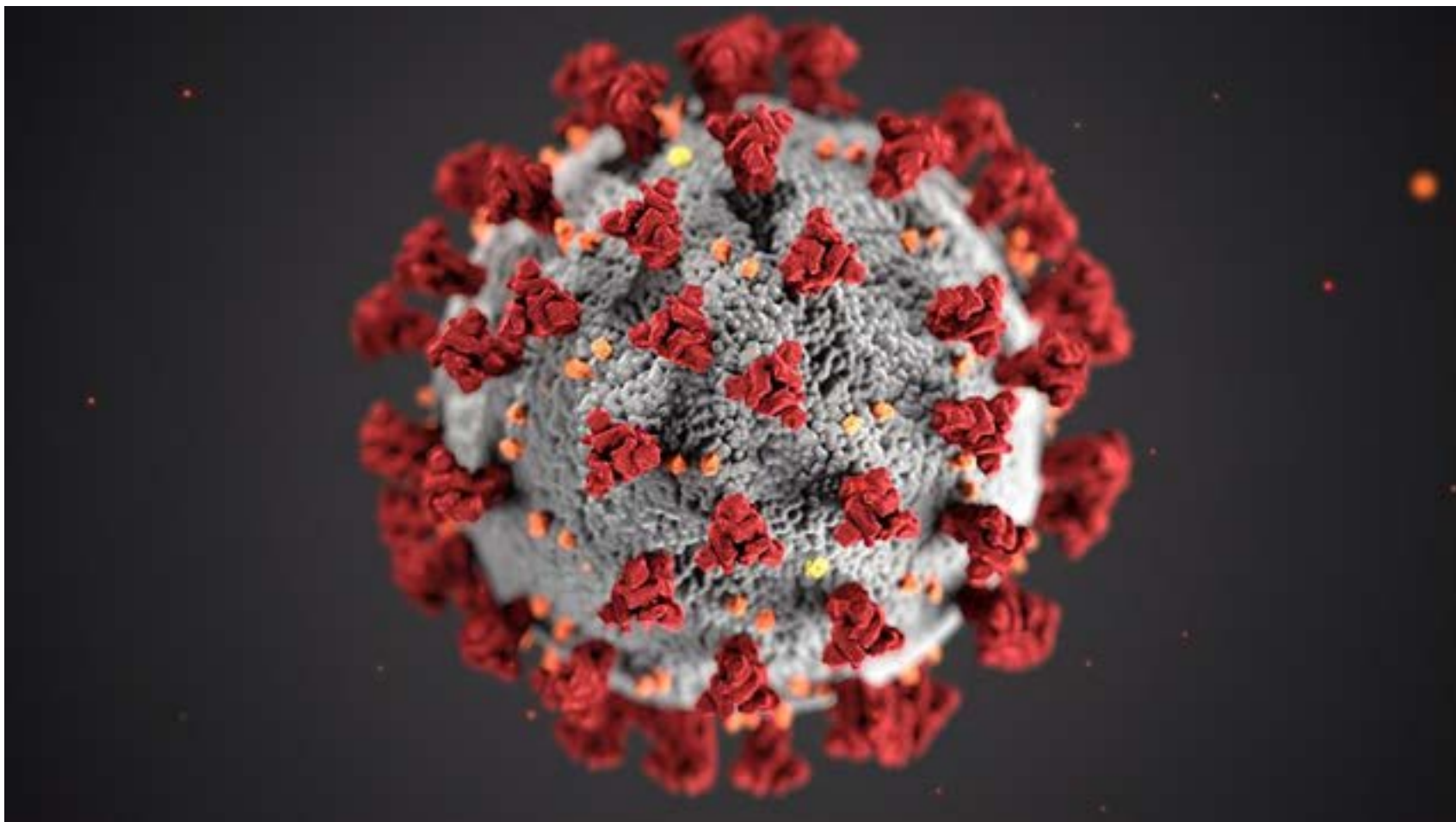
Intranasal Es-Ketamine for acute suicidal subjects



כאילו לא היה קשה קודם... פתאום הכניסו לנו עז.....



COVID-19

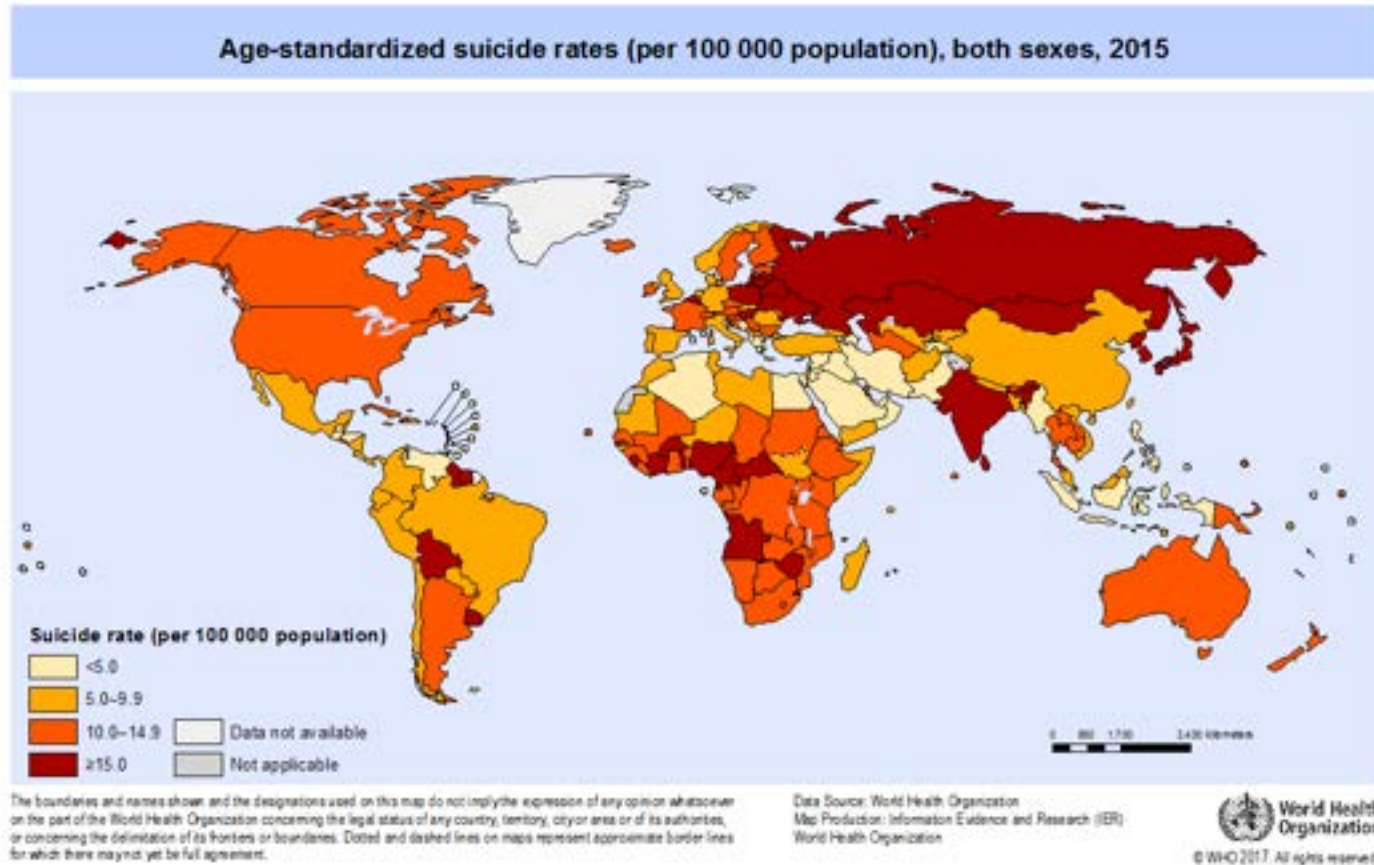


COVID -19 deaths 19.4.20

156,234



900,000 suicides a year worldwide



Globally: 10.7 per 100K (2017)

Israel: 6.2 per 100K (2017)

The Challenges

The world-wide COVID-19 pandemic and the distress caused by the **risk of infection**, the **isolation** and the difficulty in accessing and the **lack of availability of psychiatric services**, raise the necessity to consider the possible impact on the risk for suicide during and after the pandemic.



The Challenges

- Fear = normal, rational, protective
- Anxiety=irrational, pathological
- Economic crisis
- Helplessness= currently no effective treatment
- Broken routines
- Uncertainty about the length and impact



Unknown Unknown

There are known knowns; there are things we know that we know.

There are known unknowns; that is to say, there are things that we now know we don't know.

But there are also unknown unknowns – there are things we do not know we don't know.

-Donald Rumsfeld



Unknown Unknown

Such wide-spread pandemic was not experienced in the last 100 years and thus learnings from previous occurrences are limited



SARS 2003

The epidemic that most resembled the Corona was the SARS outbreak in 2003.

Severe Respiratory Syndrome.

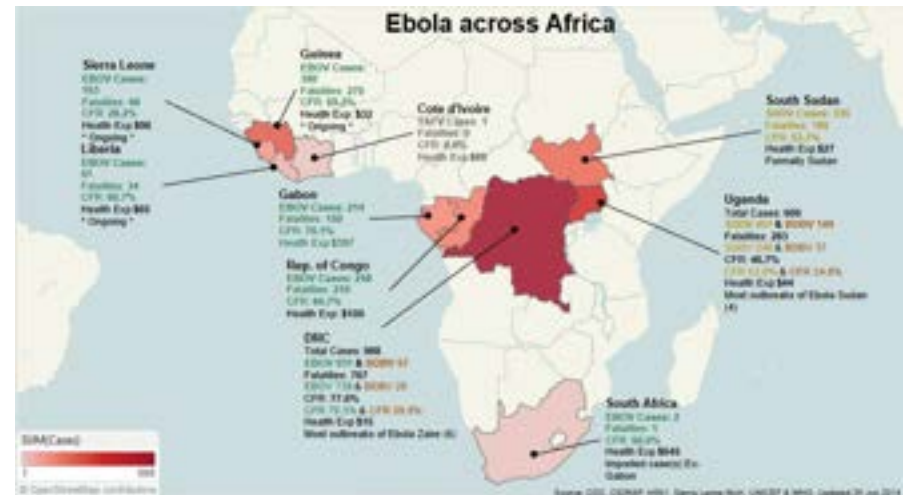
China and Canada quarantined cities.



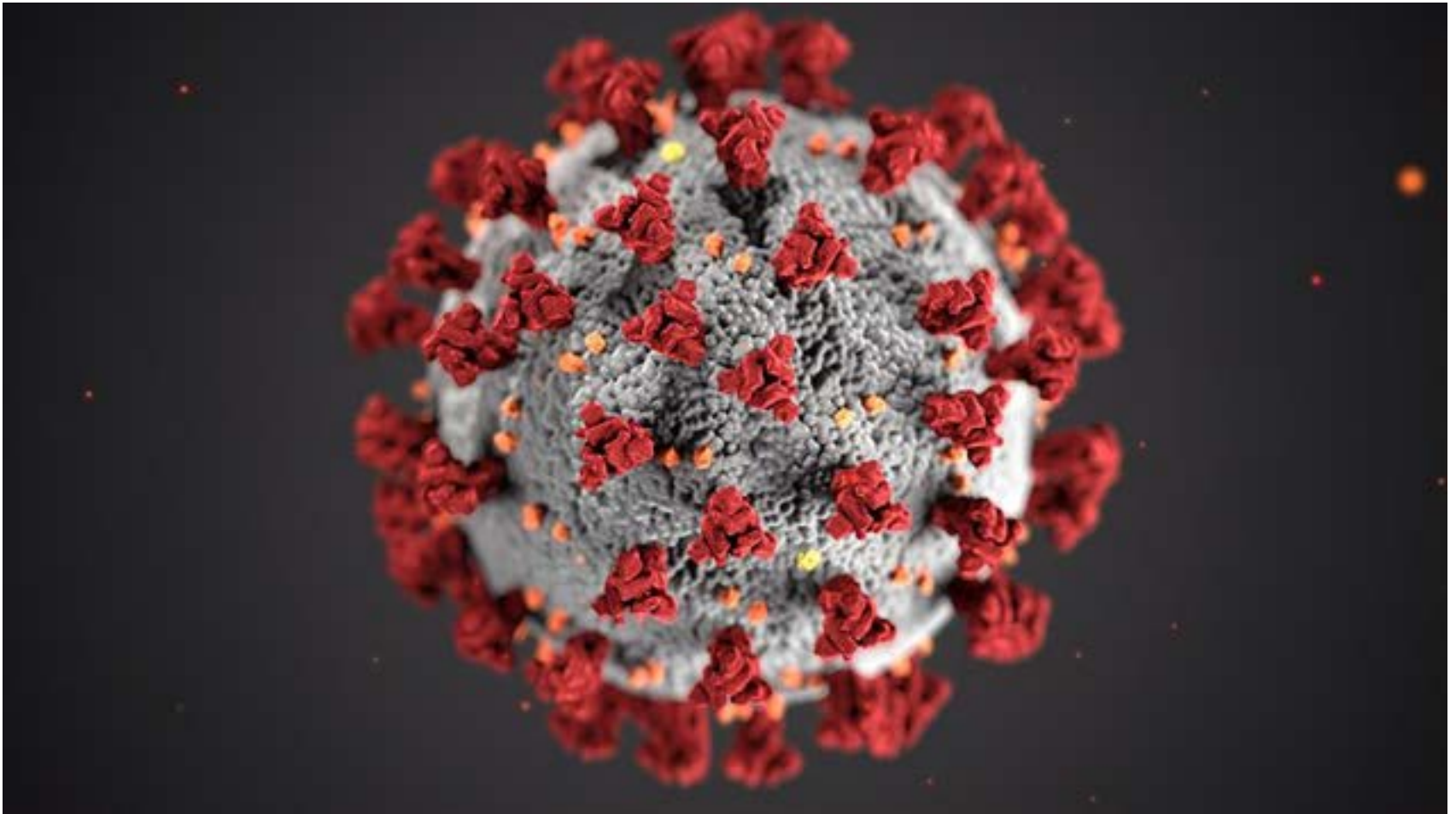


Ebola 2014

Ebola epidemic in 2014, during which whole villages across West Africa were quarantined.



COVID-19 and Suicide



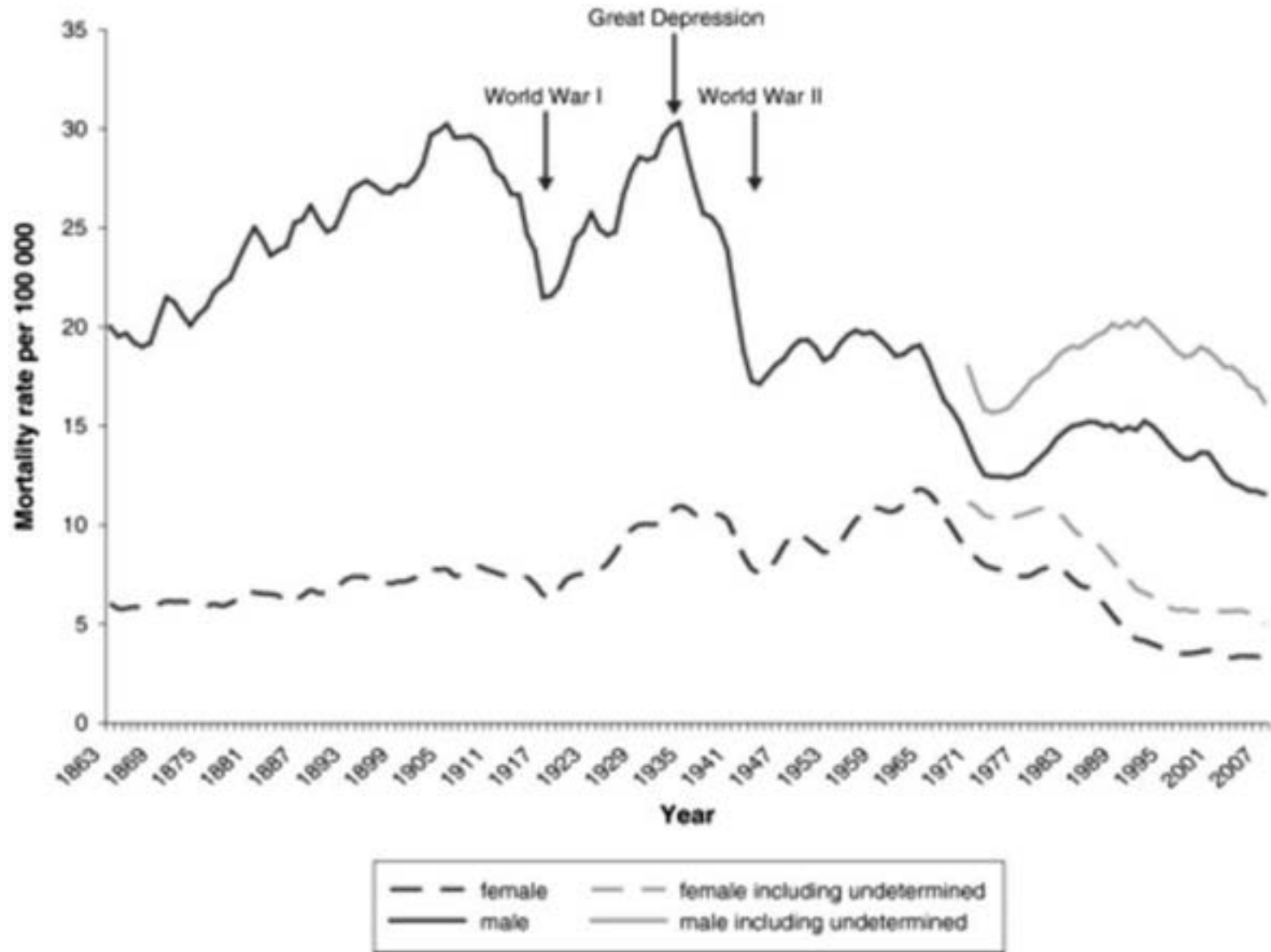
Suicide in troubled world

During crisis situations like world wars and big natural disasters, suicidality usually decreases

BUT....

**Raises quickly right after
(unemployment, economic depression)**

Overall age standardized suicide mortality rates by sex 1861–2007



Suicidality is expected to rise again after (or even during) the crisis

1. mental health issues among people with psychiatric disorders that went untreated
2. economic hardships, unemployment and bankruptcies
3. illness and loss of relatives who may die from the pandemic
4. difficulties due to the prolonged isolation
5. distress in family relationships



April 5, 2012 8:29 AM

PRINT TEXT

Suicide rate jumps amid European financial crisis

Comments 4 Like 180 Tweet +1 1 Share 7 More +

By Constantine von Hoffman



A Greek Orthodox priest holds a memorial service at the site where an elderly man shot himself at Athens' main Syntagma square, on April 4, 2012. (AP Photo)

(MoneyWatch) When an elderly Greek man killed himself on a busy Athens street Wednesday, he left a note blaming the nation's financial crisis. Tragic acts like this are increasing across Europe, as worsening economies are causing rising rates of suicide

Dimtris Christoulas shot himself while standing opposite Greece's parliament building. In a note he left, the 77-year-old retired pharmacist wrote, "[the] government has annihilated all traces for my survival, which was based on a very dignified pension that I alone paid for 35 years with no help from the state. And since my advanced age does not allow me a way of dynamically reacting (although if a fellow Greek were to grab a Kalashnikov, I would be right behind him), I see no other solution than this dignified end to my life, so I don't find myself fishing through garbage cans for my sustenance."

Before the financial crisis first began, Greece had the lowest suicide rate in Europe at 2.8 per 100,000 inhabitants, according to Eurostat. That has now almost doubled and is rising at an alarming rate. A Greek Ministry of Health study found the suicide rate in the first half of 2011 was 40 percent higher than the year before

THE ONLINE MBA
 YOU PROBABLY CAN'T GET INTO

See if you meet the selective admissions requirements.

UNC
 BENAN-FLAGLER BUSINESS SCHOOL

Market Update

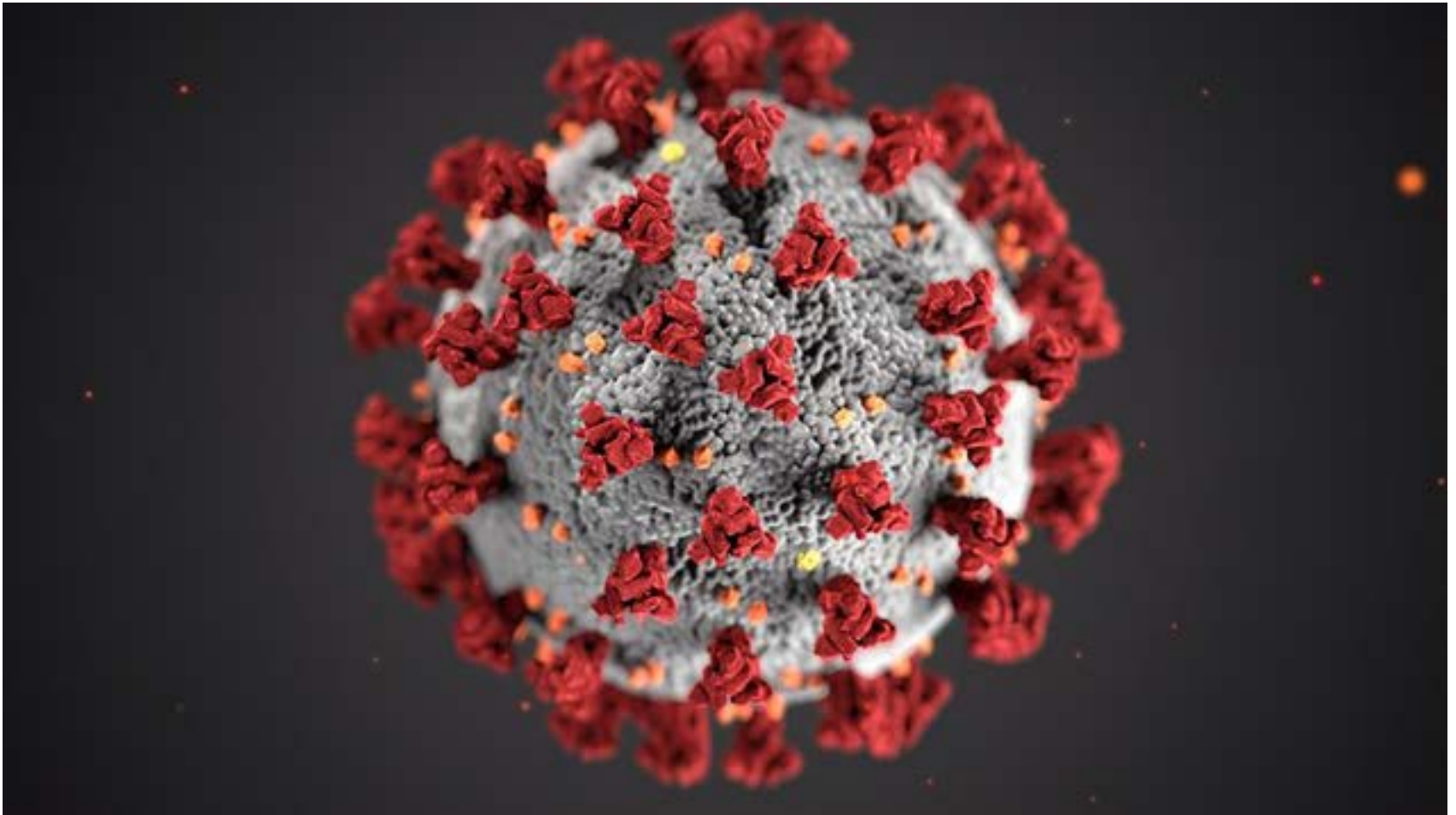
DOW	NASDAQ	S&P 500
Dow ↓ 13,102.99 -21.68 (-0.17%)		

■ Dow Jones Industrial Average (DJIA)

INTRADAY 3 MONTH 6 MONTH 1 YEAR

Future mixed leading up to Fed's

COVID-19 and The Elderly



Elderly and COVID-19



- Medically High Risk group.
- in isolation, experiences loneliness,
- unable to see their loved ones and lacks a proper support system.
- Studies on elderly people during the SARS epidemic found that this population requires special attention during isolation and social distancing.
- It is crucial to find a solution for virtual or long-distance meetings with the elderly in isolation.
- Ongoing supplies of medicines and basic needs as well as watching out for suicidal thoughts are of great importance.

Gap between generations



Subjective Loneliness

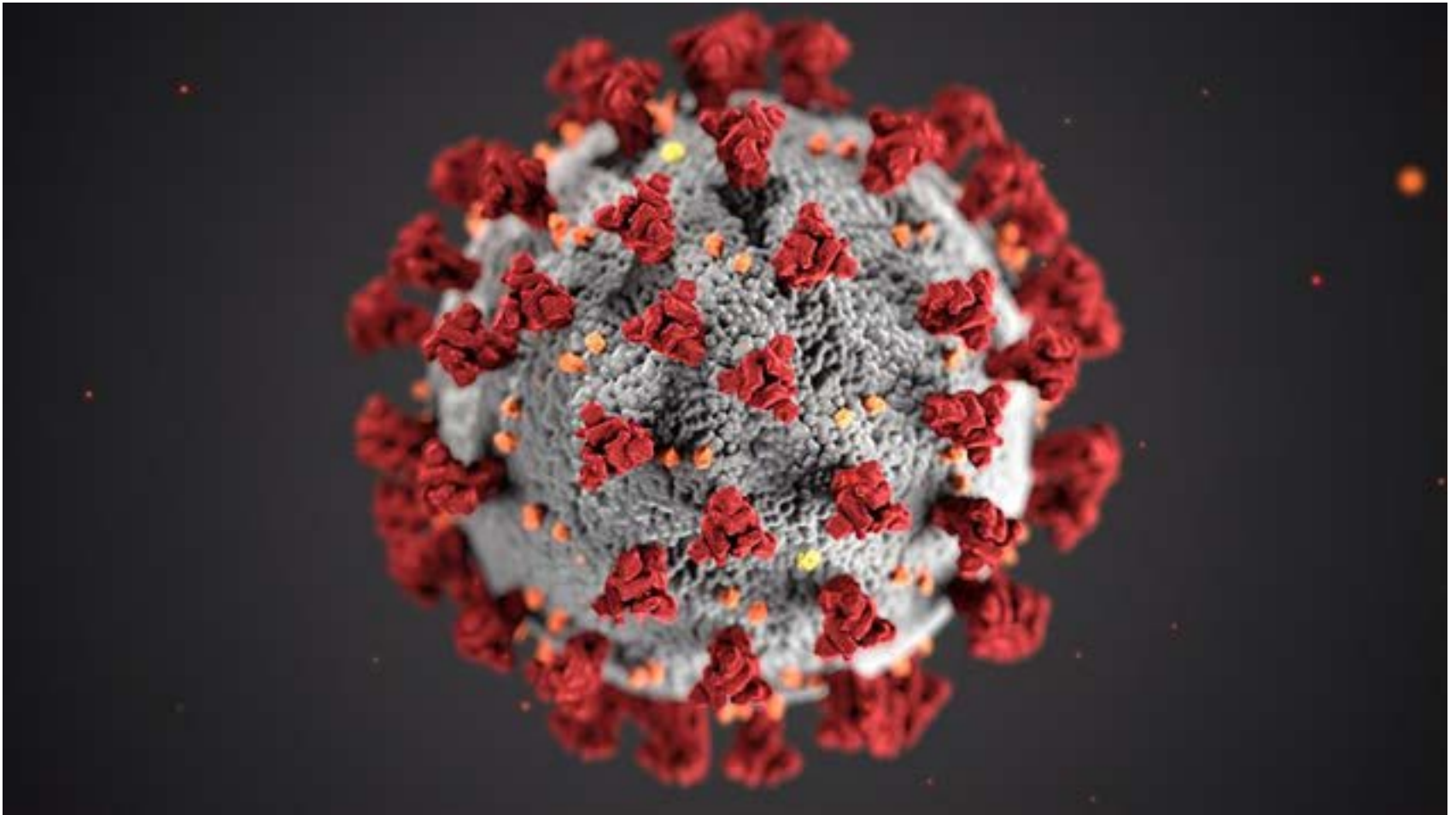


Determined by evolution: loneliness is painful
(Cacioppo, J Cogn Neurosci 2009)

Stay connected



COVID-19 and Children



JAMA Pediatrics

(Published online April 14, 2020)

Opinion

VIEWPOINT

Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents

Erez Gilberstein, PhD
University of Minnesota School of Public Health, Division of Health Policy and Management, Minneapolis

Heba Wan, PhD
Harvard Medical School and Harvard Pilgrim Health Care Institute, Department of Population Medicine, Boston, Massachusetts

Benjamin F. Miller, PsyD
Well Being Trust, Oakland, California

States and localities are taking unprecedented steps to respond to the public health threat posed by the coronavirus disease 2019 (COVID-19) pandemic. Among the measures intended to promote social distancing, many schools have been closed and classes shifted to home-based distance-learning models. The first school closures began in mid-March 2020 and some states have already closed schools for the rest of the academic year. Nearly all of the 55 million students in kindergarten through 12th grade in the US are affected by these closures. School closures substantially disrupt the lives of students and their families and may have consequences for child health. As such, we must consider the potential associations school closures have with children's well-being and what can be done to mitigate them.

Children and adolescents are generally healthy and do not require much health care outside of regular check-ups and immunizations. However, mental health care is very important for children and adolescents. Most mental health disorders begin in childhood, making it essential that mental health needs are identified early and treated during this sensitive time in child development.¹ If untreated, mental health problems can lead to many negative health and social outcomes.

The COVID-19 pandemic may worsen existing mental health problems and lead to more cases among children and adolescents because of the unique combination of the public health crisis, social isolation, and economic recession. Economic downturns are associated with increased mental health problems for youth that may be affected by the ways that economic downturns affect adult unemployment, adult mental health, and child maltreatment.²

Services from a school setting in the past 12 months, corresponding to 3 million adolescents.⁴ This includes a mix of adolescents who attend a regular school and receive services from a mental health clinician there and adolescents who attend a special school or a special program at a regular school for behavioral or emotional problems. An analysis of the 2012 to 2015 NSDUH found that among all adolescents who used any mental health services in the year, 57% received some school-based mental health services.⁴

Furthermore, among adolescents who received any mental health services during 2012 to 2015, 35% received their mental health services exclusively from school settings.⁵ School closures will be especially disruptive for the mental health services of that group. It is important to also understand that school closures will be relatively more disruptive for the mental health care of some youths. Adolescents in racial and ethnic minority groups, with lower family income, or with public health insurance were disproportionately likely to receive mental health services exclusively from school settings.⁵ These students may lack the family resources and existing relationships with clinicians to quickly gain access to alternative community-based services. Policy makers should consider responses to address COVID-19's short-term disruptions for children's mental health services while also laying groundwork to improve children's mental health services in the long term.

Facilitating Technology-Enabled Modalities That Expand, Extend, and Sometimes Replace Traditional Face-to-Face Encounters

JAMA Pediatrics

(Published online April 14, 2020)

- Health danger lower
- School are closed
- Exacerbation of existing MH problems
- Mantel status depend on parents
- More tele-psychology/psychiatry
- Privacy issues
- Stronger collaboration with community care

Young People and COVID-19



Why millennials will save us all

By Joel Stein

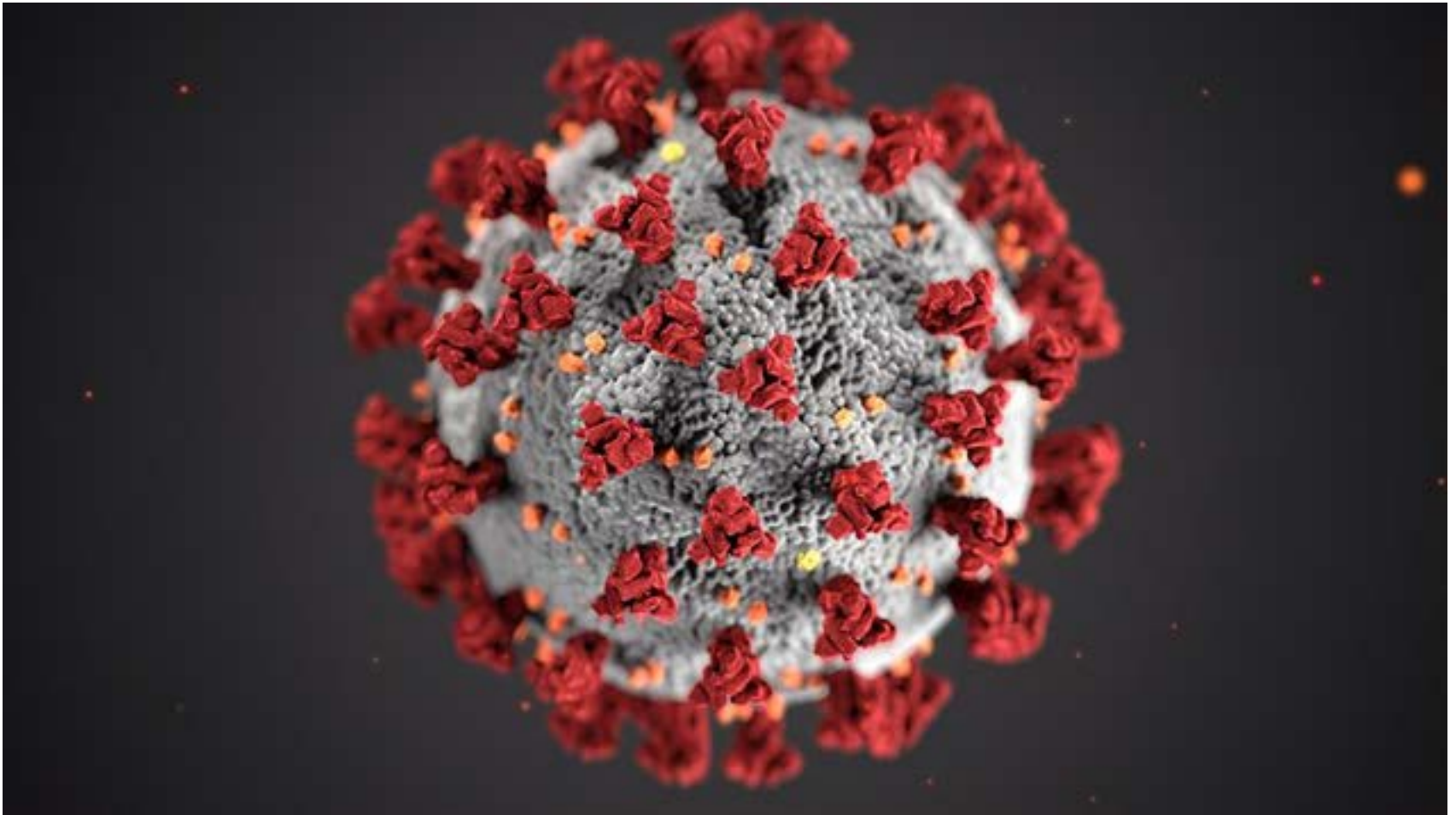
Monday, May 20, 2013



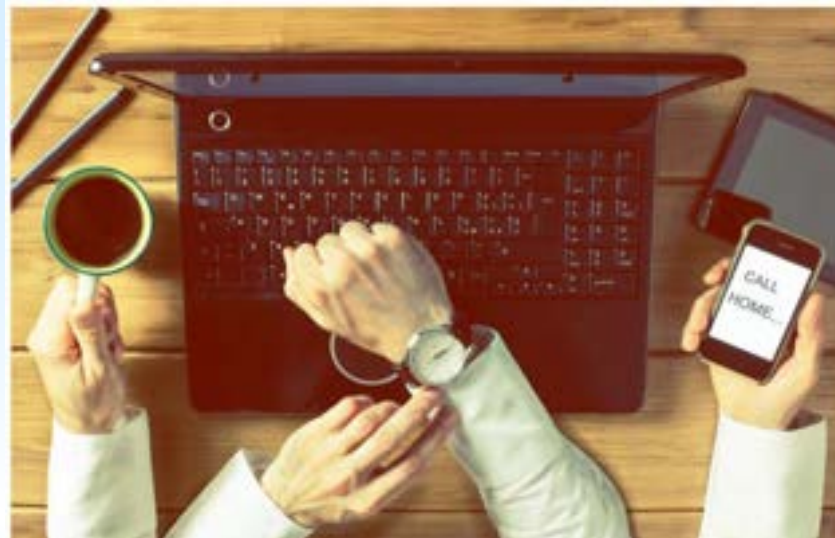
**Me on
social media**

Me

COVID-19 and Our Mental Health

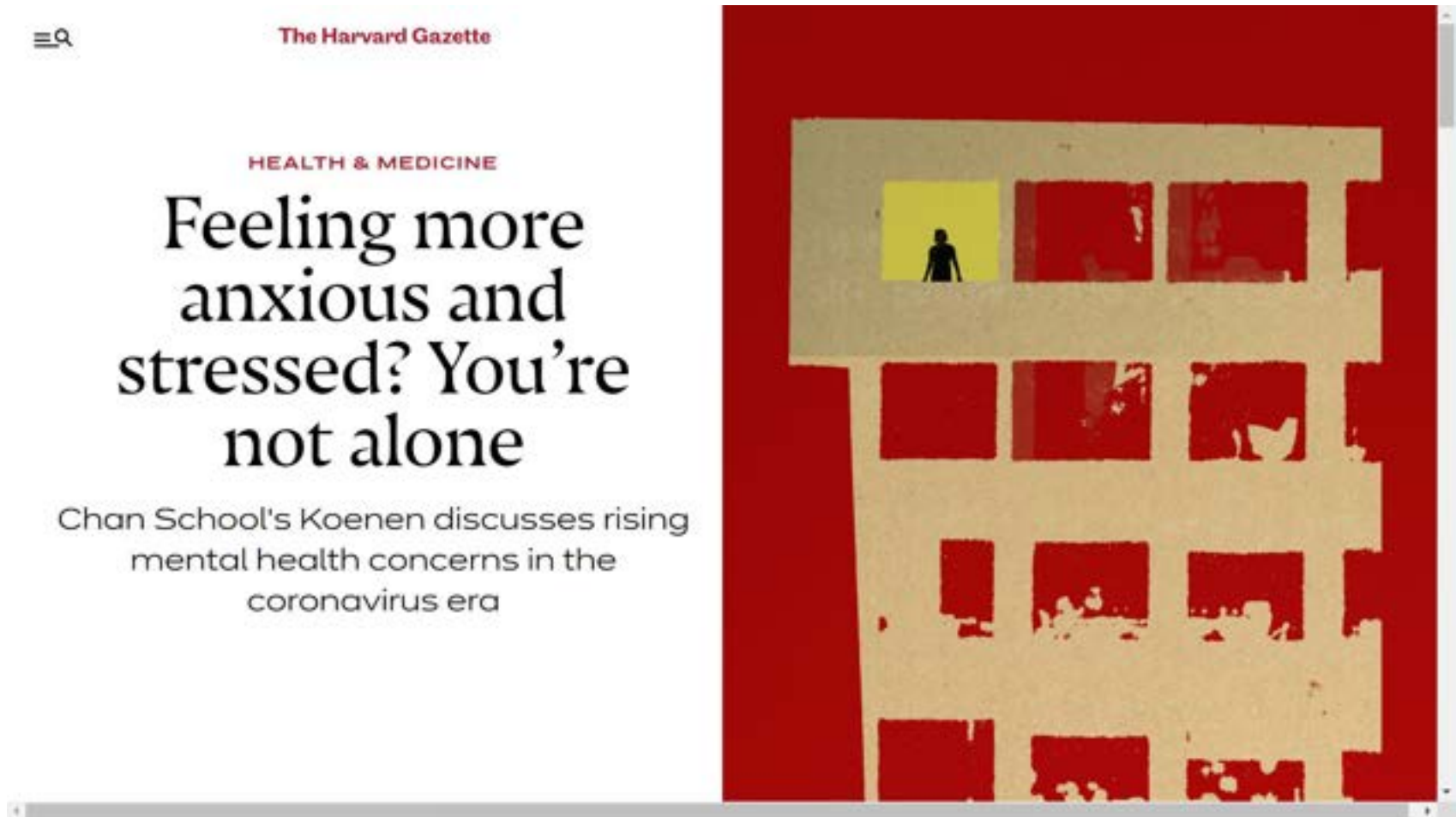


The world has changed for the next 2-4 years



Kissler et al., projecting the transmission dynamic of SARS_CoV-2. Science 14.4.20

Harvard Gazette 16.4.20



The screenshot shows a webpage with a red background. At the top left is a search icon. The page title is "The Harvard Gazette". Below it, the category "HEALTH & MEDICINE" is displayed. The main headline reads "Feeling more anxious and stressed? You're not alone". A sub-headline states "Chan School's Koenen discusses rising mental health concerns in the coronavirus era". On the right side, there is a stylized illustration of a building facade with a grid of windows. One window is highlighted in yellow and contains a black silhouette of a person. Other windows show various scenes, including people sitting at tables and a person walking.

☰

The Harvard Gazette

HEALTH & MEDICINE

Feeling more anxious and stressed? You're not alone

Chan School's Koenen discusses rising mental health concerns in the coronavirus era

נירמול הפחד

Sport and Running Therapy





'Geha' Tele-Psychiatry Services for Children in the Gaza Area



Zoom Therapy



ד"ר יוסי טריאסט - רשימות בזמן קורונה: נגיף האימה (שיחות-אפריל 2020)

- "נגיף האימה"-יצור לא נראה מזמין פנטזיה בדמיון. התגשמות פנטזיה קטסטרופלית.
- טראומה קולקטיבית (העלאת שואה).
- "אימת האלביתי" (פרויד)
- וירוס חודרני- חודר לתאינו ומשתלט עליהם
- אוכף "איסור נגיעה"
- בד"כ בני אדם בסכנה/חרדה מחפשים נחמה בחיק הקיבוצי הבטוח

ד"ר יוסי טריאסט - רשימות בזמן קורונה: נגיף האימה

(שיחות-אפריל 2020)

- הפקרת ה"חלשים" – זקני בית האבות
- הילדים כ"גייס חמישי"
- השנאה שלנו יכולה להרוג את אהובנו (קליין)
- אהבתנו תהרוס את אהובנו (פיירברן)
- פציינט "פוסט קורונה": עצירת העולם מעוררת בכל אחד משהו אישי (התרוצצות ריקה/חופש מקנאה/חוסר זהות בים של לייקים/סגר אישי/פנטזיות תוקפניות של השרדות ואפוקליפסה).

נייר עמדה של המועצה הלאומית לאובדנות: **אובדנות בימי קורונה**



www.health.gov.il

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לחיים בריאים יותר

מטות הבריאות
המועצה הלאומית למניעת אובדנות
The National Council for Suicide Prevention

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המועצה הלאומית למניעת אובדנות
נייר עמדה: אובדנות בעידן המאבק בנגיף הקורונה
נוסח סופי 6.4.20

*נייר העמדה נוסף על המקורות בתחתית המסמך ועל דיון במועצה ב-1.4.20 בהשתתפות 45 חברי המועצה ומרצים מבחוץ (פרופ' קלומק מהבינתחומי ופרופ' לוי בלז ממכללת רופין וסקירה באדיבות ד"ר לאה שלף). המועצה קיבלה בעת הישיבה סקירה על מצב המגיפה העדכני מד"ר בועז לב.

להלן עמדת המועצה והמלצותיה:

1. לאור המגיפה העולמית ב-19-covid והמצוקה שנגרמת מסכנת ההדבקות, הסגר על האוכלוסייה וקושי בקבלת שירותים פסיכיאטריים זמינים דיים, עלה צורך לדון בהשפעות אפשריות על הסיכון האובדני בעת המגיפה ואחריה.
2. משבר נגיף הקורונה מציג אתגרים יוצאי דופן שקן מערכת הבריאות העולמית לא התמודדה עם

נייר עמדה של המועצה הלאומית לאובדנות:

אובדנות בימי קורונה

1. חברי המועצה תמימי דעים כי הערכת סיכון אובדני בעת

המגיפה וההסגר יכולה להעשות בבדיקה מרחוק

באמצעות שיחת וידאו באמצעי מאובטח שאושר ע"י

משרד הבריאות. ברור שפגישה פנים אל פנים מהווה

בדיקה טובה יותר אך הסיכון להדבקה עולה על התרומה

של מפגש פרונטלי.

2. הערכת סיכון אובדני באמצעות טלפון ללא בדיקה חזותית

נחותה מבדיקה באמצעות וידאו ואינה רצויה במקרה של

מטופל בסיכון אובדני אולם בהעדר חלופה אפשרית

אחרת היא עדיפה על העדר בדיקה בכלל.

נייר עמדה של המועצה הלאומית לאובדנות:

אובדנות בימי קורונה

3. בדיקה מרחוק של מטופל אובדני חייבת להיות מלווה ברישום מלא ומתועד ברשומה הרפואית כמקובל ואם אינה אפשרית-בתיעוד בתרשומת אישית ותיעוד בדיעבד בתיק הרפואי תוך פרק זמן סביר.

What can we do?

- **Corona routine**
- **Physical health-sport!**
- **Physical distance but **not social distances****
- **New opportunities**
- **Learn new things**
- **More remote-work/therapy/meetings**
- **Talk to someone if distressed**

Adapt



Passover 2020

Call Mom & Dad

