Suicide Risk in Marginalized Populations

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OBJECTIVES

• Review suicide rates, unique risk factors, and specific risk reduction strategies for the following populations:
  • Incarcerated
  • Geriatric
  • Military
  • Tribal
  • LGBTQ+
Incarcerated Individuals
Jails and Prisons

- Leading cause of death in jails
- Approximately 47 per 100,000 in jails
- Repository for high-risk populations
Jails and Prisons

• 15% - 30% have psychiatric disorders

• 15% - 20% require psychiatric intervention

• High rate of substance use disorders
Jails and Prisons

• Decreasing rate in detention facilities since 1980s

• Highly preventable

• Prevention programs and policies
  • Staff prevention training
  • Intake screening
  • Observation and monitoring procedures
Risk Factors

• Age – attempts 35, death 55+
• Single
• White
• Male
Risk Factors

- Violent offenses
- Substance abuse history
- Mental illness
- Past attempts
Risk Factors

- “Bad news”
- Disciplinary action
- Segregation (46%)
- Lockdown (53%)
Housing

- Assignments based on staff interaction
- Suicide-resistant cell
- Protrusion-free cell
- Full visibility
Traditional Response

• Physical isolation
• Restraint
Improved Intervention

• Promptness of staff intervention
• Staff trained in first aid, and CPR/AED
• Alert staff as needed
• Initiate lifesaving measures
Geriatric Population
Geriatric Population

- 38.8 per 100,000
- Higher risk of death from attempt
  - Medical frailty
  - Use of lethal means
  - Careful planning
  - Less impulsivity
Risk Factors

- Psychiatric disorders
- Physical ailments
- Neurocognitive decline
- Financial stressors
Risk Factors

- Retirement
- Diminished functional capacity
- Death of partner/spouse
- Loss of social networks
Psychiatric Illness

• Late-life depression (13.3%)

• Depression and irritability ignored

• Hopelessness

• Prescribed more psychototropic drugs
Physical Illness

• Poor prognosis

• Insomnia

• Medication management
  • Increase depression
  • Impair cognition
  • Difficulty with side effects
Risk Factors

• Shy
• Timid
• Hostile
• Impulsive
• Aggressive
Warning Signs

- Giving away possessions
- Calling to say goodbye
- > 40% “Silent suicides”
  - Overdose
  - Starvation
  - Dehydration
  - “Accident”
Protective Factors

- Social skills
- Coping skills
- Resilience
- Flexibility
- Cultural beliefs
- Religious beliefs
Social Factors

• Loss of autonomy
• Financial stressors
• Home eviction and foreclosures
• Placement in different environment
Management

- 45% saw PCP in last month before death
- Role of the primary care setting
- Baby Boomers (born between 1946 and 1964) have higher rates of death from suicide
CDC Recommended Models and Strategies

• National Guidelines for Seniors’ Mental Health for the Assessment of Suicide Risk and Prevention of Suicide

• Geriatric Suicide Ideation Scale
Military Personnel and Veterans
Suicides Per 100,000 Active-Duty Troops

Counting deaths by suicide is not an exact science, and official figures can change as new information emerges. These DoD numbers represent the midpoint of the 95%-confidence range.

Military Personnel and Veterans

- Army with highest rate
- PTSD
- Substance use
- Difficulty readjusting
- Familiarity with firearms
Risk Factors

- Young
- Male
- White
- PTSD (combat-related)
- TBI
Risk Factors

• Physical injury
• Physical pain
• Substance abuse
• Depression
• Firearm familiarity
Department of Defense Prevention and Management of Suicidal Behaviors

- Reporting requirements
- Confidentiality limitations
- Command-directed mental health evaluations (CDMHEs)
Military Personnel and Veterans

- Unique factors for active military versus veterans
- Veterans make 8% of population but 14% of all deaths by suicide
Risk Factors - Veterans

- Unstable employment
- Homelessness
- Nonengagement with VHA services
Universal prevention strategies

- Veterans Crisis Line (2007)
- Social media campaigns
  - VA’s Operation S.A.V.E.
Native Americans
Native Tribes

• Suicide rates surpass that of other ethnicities

• Approximately 23.9 per 100,000

• Rate increased by 20% from 2015 – 2020
  • Compare to < 1% increase in other US ethnicities

• Highest rate in 25 – 44 years
  • Compare to 45 – 64 years
Native Tribes

- Increased ACEs
- Mistrust of colonized systems
- Intergenerational trauma
Effects of historical trauma on American Indian and Alaska Native health equity

The life expectancy for American Indians and Alaska Natives is 5.5 years shorter than the total U.S. population.

There is also a higher risk of:
- psychiatric conditions
- suicide
- trauma
- substance use disorder
- cancer mortality
- diabetes

Native Tribes

• Higher odds of death by hanging, strangulation, or suffocation

• Lower odds by firearm

• Higher odds of death in nature
Native Tribes

• More likely to disclose intent before death

• More likely to have experienced interpersonal violence preceding death

• Higher odds of problems with substance use
Native Tribes

- Cultural focus on family and community
- Higher rate of suicide attempt in response to suicide of friend or family member
“Their deaths made me feel like part of me was not here. I was gone. I was lost.”
Native Tribes

- Limited resources
- National efforts not culturally relevant
- Limited services with community values
Native Tribes

• White Mountain Apache of Arizona suicide prevention program

• Identifying those at risk

• Targeted treatment

• Public education campaign
Native Tribes

- Dropped rate significantly
  - 2001 – 2006
    - 40 per 100,000
  - 2007 – 2012
    - 24.7 per 100,000
LGBTQ+
LGBTQ+

• 400% more likely to attempt suicide

• 41% of LGBTQ+ youth consider attempts

• An attempt every 45 seconds in LGBTQ+ youth
Trends in LGBTQ youth mental health & suicide risk from 2020-2022

- Symptoms of anxiety:
  - 2020: 68%
  - 2021: 72%
  - 2022: 73%

- Symptoms of depression:
  - 2020: 55%
  - 2021: 62%
  - 2022: 58%

- Considered suicide:
  - 2020: 40%
  - 2021: 42%
  - 2022: 45%

- Attempted suicide:
  - 2020: 15%
  - 2021: 14%
  - 2022: 14%
LGBTQ+

- Minority stress model
- Bullying
- Lack of social support
- Discrimination
Rates of LGBTQ youth who have been physically threatened or harmed due to their sexual orientation

- Gay: 40%
- Lesbian: 30%
- Bisexual: 26%
- Pansexual: 36%
- Queer: 37%
- Questioning: 27%
- Asexual: 24%

www.thetrevorproject.org/survey-2022
Rates of transgender and nonbinary youth who have been physically threatened or harmed due to their gender identity

- Transgender boy/man: 55%
- Transgender girl/woman: 47%
- Nonbinary/genderqueer: 32%

www.thetrevorproject.org/survey-2022
Transgender Groups

• Rates at 30 – 80%

• Heightened risk with
  • Past maltreatment
  • Gender victimization
  • Depression
  • Substance abuse
  • Younger age
Transgender Groups

• Lost employment due to bias (55%)
• Bullied in school (51%)
• Low income (61%)
• Physical assault (61%)
• Sexual assault (64%)
Transgender Groups

- Decreased risk after gender-affirming treatment and legal gender reassignment

- Risk depends on level of adjustment post treatment
  - Most coexisting symptoms improve, but anxiety and affective symptoms could remain leading to an unchanged elevated risk of suicide
LGBTQ+

• Acceptance

• Affirming spaces

• Policies and practices
LGBTQ youth with high support from their family reported attempting suicide at less than half the rate of those with lower support.

Knowledge is Progress
Conclusion

Suicide risk varies between marginalized populations

Suicide prevention is not one-size-fits-all

It is imperative to create a safe, affirming, and inclusive space