

## **SUICIDE AND MENTAL ILLNESS**

Studies have shown that over 90% of people who die from suicide have one or more psychiatric disorders at the time of their death. There are effective ways to treat and control these disorders and potentially prevent suicide. Catching the warning signs early and seeing a doctor or other health care provider for a diagnosis and treatment plan could substantially decrease the risk of suicide.

### **Depression and Bipolar Disorder**

Studies have consistently shown that having depression or bipolar disorder (mood disorders) increases the risk for suicide significantly. In fact, it is estimated that people with mood disorders are 15-20 times more likely to commit suicide than people without a mood disorder.

Mood disorders, especially in the depressive phase, are the most commonly diagnosed mental illness in suicide deaths. People with bipolar disorder have the highest risk, especially when they are depressed or in mixed episodes (simultaneous presence of both depression and mania).

Suicides associated with major depressive disorder tend to occur more often early in the course of the illness, especially in younger people. Depressive and bipolar disorders both tend to be highly comorbid with other disorders, such as anxiety, alcohol and other substance; each of these is considered to be an independent risk factor for suicidal behaviors.

### **Alcohol/Substance Use Disorders**

Evidence suggests that 25% of people who commit suicide abuse alcohol or are dependent on alcohol, and that 50% have alcohol in their blood at the time of their death.

There is a greater likelihood for suicide to occur among people who abuse alcohol and suffer from depressive disorders than among people with major depression or alcoholism alone.

Unlike other mental illnesses, people who abuse alcohol and ultimately take their own lives, tend to commit suicide late in the disease.

Abusing illicit drugs is common among adolescents and young adults who commit suicide. It has been suggested that the spread of substance abuse may have added to the 2-4 fold increase in youth suicide since 1970 through 1990. Some studies have shown that it is the number of substances abused (not the quantity of a single substance) that may be important in determining suicide risk.

## **Schizophrenia (Please also see attached paper)**

Schizophrenia is a disease of disturbed thoughts, feelings, perceptions, and behaviors. It primarily affects younger people and often involves delusions and hallucinations, both visual and auditory, which are often paranoid in nature. Schizophrenia occurs in 1% of the population

There is a 4% lifetime risk of suicide in people with schizophrenia. Suicide may be more likely to occur during the earlier years of schizophrenia, with even higher risk right after a hospital discharge. The risk continues throughout life, and seems to be higher in schizophrenics with a chronic illness, multiple psychiatric hospitalizations, or a previous suicide attempt. Studies have shown that 40% - 70% of people with schizophrenia have had suicidal ideation at some point in their lives, and 20% - 50% reported previous suicide attempts.

Suicide may be more likely to occur when the person is in a period of improvement after a relapse, or during periods of depressed mood.

## **Personality Disorders**

Personality disorders include a wide range of disorders that respond to a variety of treatments.

Studies have shown that about 1/3 of people who commit suicide have a personality disorder. Keep in mind that people with personality disorders may be at increased risk for suicide because of other common factors, including unemployment, financial difficulty, family discord, and other interpersonal conflicts or loss. Also, comorbid diagnoses, often depressive symptoms or substance use disorders, are frequent in people with personality disorders, and thus increase the risk for suicide even more.

## **Eating Disorders**

Eating disorders, especially anorexia nervosa, increase a person's risk for suicide. Studies have shown that women with anorexia are more likely to have suicidal thoughts than those with bulimia or other disorders. Also, many people with a history of suicide attempts may have increased rates of abnormal eating behaviors. The combination of youth, disturbed eating behaviors, and possible comorbid mental illnesses make people with eating disorders highly susceptible to the risk of suicidal behaviors.

## **Anxiety Disorders**

People with an anxiety disorder are 6 to 10 times more likely than the general population to commit suicide. One study showed that 11% of people who committed suicide had an anxiety disorder; however, it's possible that this estimate is too low because of some factors that might mask anxiety, like alcohol use or other disorders.

## **Suicide and Depression**

Depression alone or in combination with aggressive behavior, substance abuse and/or anxiety is found in over half of all suicides. If depression is present, substance abuse, anxiety, impulsivity, rage, hopelessness and desperation may increase the risks of suicide.

Suicide can also be triggered by a number of things including:

- Stressful events, such as a failed exam or failure to get a job;
- Crises in significant social or family relationships;
- Interpersonal losses;
- Changes in body chemistry; and
- High levels of anger or anxiety.

## **Quick Facts**

- 70% of people who commit suicide tell someone about it in advance, and most are not in treatment.
- Those who have made serious attempts are at much higher risk for actually taking their lives. Between 20 and 40% of people who kill themselves have previously attempted suicide.
- Nearly 50% of suicide victims have a positive blood alcohol level.
- Although most depressed people are not suicidal, most suicidal people are depressed.
- Serious depression can be manifested in obvious sadness, but often is expressed instead as a loss of pleasure or withdrawal from activities that were once enjoyable.
- Sometimes those contemplating suicide talk as if they are saying goodbye or going away forever.

## **Resources and Other Fact Sheets**

- Suicide Prevention Network (SPAN USA) provides “facts on suicide”;
- Depression and Bipolar Support Alliance’s (DBSA) suicide prevention facts and strategies, and information on depression and bipolar disorder;
- About Depression & Suicide, from the National Hopeline Network;
- American Association of Suicidology (AAS) factsheets, including versions in Spanish;
- Facts on suicide in certain populations, and facts on depression from the American Foundation for Suicide Prevention (AFSP); and
- United States suicide statistic from the American Association of Suicidology (AAS).