

Source	Cohort 1 (58-91)	Cohort 2 (38-57)	Cohort 3 (17-37)
Scocco et al 2008		In Italy, younger and middle cohorts at risk for ideation	In Italy, younger and middle cohorts at risk for ideation
Carleton et al 2018	30 and older less likely to report plans and attempts than those younger than 30.	30 and older less likely to report plans and attempts than those younger than 30.	
Kryzhanovskaya and Pilyagina (1999)	Highest suicide rate is among 35-49 year olds.	<p>Highest suicide rate is among 35-49 year olds.</p> <p>Suicide attempts are most common among young adults (20-29).</p> <p>Young females are 3x more likely to attempt suicide than young males.</p>	
Bromet et al 2007			Risk factor: younger age
Nordstrom 2007		Suicide rates highest 37-49	
Chi et al 1998	<p>Men slightly more than women (1.4:1)</p> <p>Higher in older (70+)</p> <p>Unmarried have a higher suicide rate (esp never married/divorced elderly men).</p> <p>Married females had a high suicide rate compared to married men.</p>		

	District is significant. (Study about the elderly suicides in Hong Kong in 1992 (looking at police records))		

Source	Demographic factors (sex, region, urbanicity, education, financial status, marriage status)	Health factors (self-rated health, internalizing disorders (mood disorders (depression and dysthymia) and anxiety disorders (GAD, social phobia, agoraphobia, panic disorder)), and externalizing (IED and alcohol abuse)	Other comments
Scocco et al 2008	Sex differences less of a thing when accounting for age. Other risk factors (for ideation, plan, and attempt): less education, earlier onset of ideation. Nonfactor: region	Presence of common mental disorder (in order: substance abuse, mood disorders, and then anxiety). Also: greater risk for 3+ disorders.	Part of the WHO-WMH Survey Initiative Confirms that there is a continuum to suicidal behaviors (usually ideation comes first/occurs more often)
Paykel et al 1974	Sex was the only	Those with	First survey to study

	significant factor for suicidal feelings among age, social class, race, marital status, religion	psychosis- like symptoms were more likely, as were those who had social isolation and also higher number of life events.	suicidal behaviors, not just suicide rates. Suggests that there is a continuum (see above)
Bertolote et al, 2005			For the most part, %s of ideations, plans, and attempts were similar to what other research had found (except Durban--high lifetime suicidal thoughts, and Hanoi--low lifetime rate of suicide attempts). Also suggests that there is a continuum (more ideation than plans, etc.)
Lawrence et al, 2016	<p>Found that religious affiliation does not prevent suicidal ideation, but it does protect against suicide attempts</p> <p>Different religions had different effects</p> <p>Did not really examine religious strength, only attendance and that did about the same thing as religious affiliation</p>		This paper was a review of existing literature
Carleton et al 2018	<p>Lifetime ideation: women ideated more than men</p> <p>Compares with research.</p>		Among trauma response workers in Canada

	<p>Those single/etc. were more likely to report lifetime ideation, plans, and attempts than those who were married/remarried/common law.</p> <p>No differences: region, ethnicity, education, or urbanicity.</p>		
Yur'yev et al 2012	<p>Religion was the strongest protective factor.</p> <p>Education not significant.</p> <p>Urbanization and suicidality was only significant for females.</p> <p>Sex and gross regional product--not statistically significant.</p>	Alcoholism and drug addiction had statistically significant, but not as strong and medium strong, respectively.	Looking at risk factors for suicide in Ukraine
Kryzhanovskaya and Pilyagina (1999)	<p>Region plays a significant factor (more suicides in more industrialized areas and also more suicides in rural areas vs. urban areas).</p> <p>Western Ukraine: suicide rate is relatively low (way of collecting data varied by region, though). Perhaps this is</p>		<p>Looking at suicide rates in Ukraine from 1998-1999</p> <p>Overall rate is high 29.6 suicides per 100,000 people</p> <p>Interesting: proposes that the "syndrome of loss" (losing a person close to them through death or divorce, radical change in lifestyle, or loss of</p>

	<p>because “stronger religious beliefs, smaller population density, and greater readiness for social and economic changes”.</p> <p>Women have a five times lower suicide rate than men. However, their rate increases with age, while men do not.</p> <p>Having a family is a protective factor for women, while losing a spouse (through divorce or death) is a strong predictive behavior.</p>		<p>social stereotypes through loss of job or immigration) leads to suicide as an escape, young people are particularly prone to this</p>
Bromet et al 2007	<p>Risk factors: female, trauma, parental depression.</p> <p>Ideators had poorer functioning and greater use of health services.</p> <p>For planning/attempting risk among ideators, risk factors are young age, prior psychiatric disorders, and smoking.</p>	<p>Risk factors: prior alcohol, depressive, and IED, especially comorbidity</p>	<p>Lifetime prevalence of ideation is 8.2%</p> <p>1/3 of ideators had a plan, and 1/6 made an attempt.</p>
Kondrichin and Lester (2002)		<p>Western oblasts had lower rates of suicide and social disintegration (more religious) than Eastern oblasts.</p>	

Mokhovikov and Donets		Risk factors for completed suicide: rural, but frequency of completed suicide is not the same in different regions.	
Makinen 2006		<p>In 1910, suicide rates were high in Eastern Ukraine (more urbanized? More part of Russia?). EU is ranked as 3rd highest, while WU is ranked as 9th highest.</p> <p>In 1989, an overall increase in suicides. Eastern Ukraine is still fairly high (7th highest, 24.7), while Western Ukraine is lower than before at 13th, with 18.6 per 100,000.</p> <p>Main finding: differences sharpened between Russia/East Ukraine and Western Ukraine/Poland.</p> <p>Big thing: suicide moving to rural areas, too.</p> <p>Males have 79% of all suicides in 1989.</p>	
Nordstrom 2007	Men at 6 times a higher risk than women--45 per 100,000.		
Colucci and Martin,	Cross-culturally,		

[illegible]

1. "Suicide ideation, plans, and attempts in Ukraine: findings from the Ukraine World Mental Health Survey" (Bromet *et al* 2007)
2. "Communism's Shadow: Post-Communist Legacies, Values and Behavior" (Pop-Eleches and Tucker, 2011)
 - a. Difference between experiencing communism and experiencing the collapse of communism (pdf pg 3)
 - i. In our case, all respondents experienced both, but if we are comparing different age cohorts, then these experiences would be in greatly different proportions.
 - ii. POTENTIAL COHORTS: those who are "established" in their careers and family lives, those who are in their twenties and "not established", those who are not working anymore/declining in their careers (old). May be an increased risk because the established cohort may be higher for depression...
3. Prevalence of suicide ideation, plans, and attempts and related risk factors in Italy: Results from the European Study on the Epidemiology of Mental Disorders-World Mental Health study (Scocco et al 2008)
 - a. Why are they doing this study? Mediterranean countries like Italy do not have as high of suicide rates as northern European countries do, but no research has been done about ideation, plans, and attempts. Purpose is to look at ideation, planning, etc. with Italy data and secondary purpose is to see if there are differences between regions.
 - b. Ideation, plans, and attempts = "suicide-related phenomena"
 - c. The data was part of WHO World Mental Health Survey Initiative.
 - d. All participants asked about ideation, but only if the participants responded positively were they asked about planning and attempts
 - e. Lifetime prevalence of ideation, plans, and attempts was 3%, .7%, and .5%.
 - i. Did not differ by region (north, central, and south, which all have different climates, socioeconomic, presence of health services, and cultural differences)
 - ii. Ideation → plan 24.6%
 - iii. Ideation → attempt 18.2%
 - iv. Ideation → plan → attempt 50%
 - v. Risk factors for ideation, plan, and attempt: female (although sex difference is not as significant when grouped into age cohorts), younger (age group at most risk for attempt--35-49--unlike other studies. Younger/middle cohorts had a much higher rates of ideation), less education, earlier onset of ideation, common mental disorder and especially comorbidity,
 - f. Researchers confirmed their idea of a suicide continuum: risk for attempt was greater when ideators had planned than not planned it.

- g. Researchers anticipated differences by region because northern Italy is more similar to northern European countries than southern European countries (more traditional families and values, more economic problems--also confirmed by research and rates of suicide were different)
- h. "More so than other behaviors that are more directly related to suicide, suicidal ideation may represent a universal response to both stressful events and a variety of sociodemographic and clinical risk factors." (p 14)
- i. "Other risk factors, such as sex and age, have been shown to have a variable influence on specific suicide-related phenomena. For instance, death from suicide is more frequent in men and older adults, but suicidal ideation is more common among women and younger people. Just how these different risk factors interact is a topic that has thus far received little focus in the literature" (p 14)
- 4. Suicidal Feelings in the General Population: A Prevalence Study (Paykel et al 1974)
 - a. One of the first papers written about suicidal behaviors other than just suicide completions
 - b. Suicide continuum--that half of the people who have "less intense" feelings/behaviors about suicide will also have the next step of intense feelings/behaviors, while half will not.
 - c. Demographics: Of sex, age (18-39, 40-59, 60+), social class (i, ii, iii; iv; v), race (black and white), marital status, religion (catholic, protestant, jewish), sex was the only significant variable--11.4% of females had suicidal feelings, males at 5.7%
 - d. Psychosis symptoms: more socially isolated, more undesirable life events,
 - e. Not necessarily which religion, but how involved the person was with religion was a significant factor in suicidal behaviors/feelings.
- 5. Suicide attempts, plans, and ideation in culturally diverse sites: the WHO SUPRE-MISS community survey (Bertolote et al, 2005)
 - a. The places differed demographically from each other a great deal, as well as in their perceptions of suicide (the suicide attempter, the family members, etc.)
 - i. Campinas (Brazil)
 - ii. Chennai (India)
 - iii. Colombo (Sri Lanka)
 - iv. Durban (South Africa)
 - v. Hanoi (Vietnam)
 - vi. Karaj (the Islamic Republic of Iran)
 - vii. Tallinn (Estonia) **Eastern European country
 - 1. 12.4% ideated
 - 2. 5.4% planned
 - 3. 3.6% attempted
 - a. For every attempt, 1.5 plans
 - b. For every attempt, 3.4 thoughts
 - c. For every plan, 2.3 thoughts (most similar to Karaj, Iran)
 - viii. Brisbane (Australia)

- ix. Stockholm (Sweden)
 - x. Yuncheng (People's Republic of China)
 - b. Significant about the study: also includes community data with the comparisons and collected data about suicide thoughts/behaviors in
 - i. Some limitations about how the data was collected, but sometimes, this was the first time data like this had been collected.
 - c. For the most part, %s of ideations, plans, and attempts were similar to what other research had found (except Durban--high lifetime suicidal thoughts, and Hanoi--low lifetime rate of suicide attempts). Also the same that there were more ideations than plans, more plans than attempts except in Columbo--more attempts than plans.
 - d. Help seeking behaviors after a suicide attempt is in alignment with other research findings.
6. Lawrence et al, 2016: Religion and Suicide Risk: A Systematic Review
- a. Many studies have been done about the relationship of religion to suicide, some say that it's protective, some say that it's a risk, others say that it's unrelated
 - b. This study hypothesized that, based on the research, religious affiliation and frequent attendance would be a protective factor against attempts but not ideation. Also, if religion is ever along with suicide risk because the person feels rejected by God or their community.
 - c. Found that religious affiliation does not prevent suicidal ideation, but it does protect against suicide attempts
 - d. Attendance at religious services is the same--suggests that religion provides access to a supportive community, source of hope, beliefs about suicide, and ways to interpret suffering.
 - e. However, it is complex: different affiliations have different degrees of protection, community can also cause people to feel isolated, context matters (if the country is friendly to religious affiliation), person can feel isolated from God too.
 - f. Limitations to previous studies/current study, makes suggestions for future studies about suicide and religion.
7. Carleton et al, 2018: Suicidal Ideation, Plans, and Attempts Among Public Safety Personnel in Canada
- a. **this article could be useful if we look at trauma**
 - i. Many PSP report clinically significant symptoms of one or more mental health disorders (e.g., posttraumatic stress disorder, major depressive disorder (e.g., posttraumatic stress disorder, major depressive disorder; (Berger et al., 2012; Carleton et al., 2017; Oliphant, 2016; Richardson, Darte, Grenier, English, & Sharpe, 2008), which may be due, in part, to frequent exposures to potentially traumatic events as a function of their work-related duties s (Galatzer-Levy, Madan, Neylan, HennHaase, & Marmar, 2011; Komarovskaya et al., 2011). A preponderance of mental health disorders increases risk for death by suicide (Stanley, Hom, &

Joiner, 2016), a concern of increasing focus for PSP leaders, advocacy groups, and researchers (Oliphant, 2016).”

ii.

b. Results:

i. Past-year logistic regression

1. As age increases, ideation and planning decreases.
2. Single/divorced/separated/widowed more likely to plan and ideate than those married/common law (no difference with remarried).
3. Eastern Canada more likely to report plans than those in West.
4. Those with higher education were less likely to report ideations.
5. No difference: sex, ethnicity, urbanicity, or years of service.

ii. Lifetime logistic regression

1. Women ideated more than men
 - a. Compares with research
 - i. Having access to lethal substances is a risk factor for women, but not for men.
 - ii. Systemic stressors--discrimination and harassment
2. 30 and older less likely to report plans and attempts than those younger than 30.
3. Those single/etc. were more likely to report lifetime ideation, plans, and attempts than those who were married/remarried/common law.
4. 10 years and more of service were less likely to report lifetime suicide attempts than those with less than 10 years.
5. No differences: region, ethnicity, education, or urbanicity.

iii. Interesting facts

1. Very few past-year attempts
2. Paramedics reported higher past year and lifetime suicidal behavior than all other PSP categories, but comparable to Correctional Workers.

8. Stein et al, 2010: Cross-National Analysis of the Associations between Traumatic Events and Suicidal Behavior: Findings from the WHO World Mental Health Surveys

- a. Psychiatric disorders are among the strongest predictors for suicide attempts, but they are not the only ones--one that this study is interested in is psychological trauma.
- b. WHH surveys were carried out in Nigeria (LI), South Africa (MI), Brazil (MI), Colombia (LI), Mexico (MI), US (HI), India (LI), Japan (HI), New Zealand, Beijing (LI), Shanghai (LI), Belgium (HI), Bulgaria (MI), France (HI), Germany (HI), Italy (HI), the Netherlands (HI), Romania (MI), Spain (MI), Ukraine (LI), Israel (HI), and Lebanon (MI). (World Bank classifications: low income, middle income, high income).
- c. Results

- i. Traumatic events were fairly common--2.1-30.5% of respondents in each country.
- ii. Lifetime suicide ideation and attempts reported by 9.6% and 2.8% of respondents. Among ideators, 34.8% made a plan, and of these, 55.7% made an attempt. Among ideators that did not make a plan (65.2%), 15.3% made an attempt.
- iii. Of those who had attempted, 20.9% had loss of a loved one, and 16.0% reported interpersonal violence.
- iv. Bivariate associations of traumatic events with lifetime suicidal behaviors
 - 1. Traumatic events are most significant among those with lifetime suicide ideation and attempt. Odds ratios are strongest for sexual and interpersonal violence.
 - 2. Within suicide ideation, traumas not significant for predicting plan, planned attempt, or unplanned attempt.
 - a. Similar pattern for within the income countries.
 - b. Cross-nationally, natural disaster is positively associated with suicide plan, war is positively associated with planned attempt, and sexual violence is positively associated with unplanned attempt.
- v. Multivariate associations of traumatic events with lifetime suicidal behavior:
 - 1.