IASR/AFSP Suicide Research Training Series – October 2020

- **Session 2 Q&A**

1. **Hi I'm wondering if we missed the first evaluation but attended the talk, is there a way we can fill out the previous evaluation and receive the certificate? Thank you!**

   Yes. You can email Carl--the sender of the Zoom registration at grantsmanager@afsp.org

2. **Hello! I just want to make sure about submission of my evaluation; are you sending confirmation e-mail after the submission?**

   No, we are not. You will hear from us in November.

3. **How do you classify indiviudals who make a suicide attempt with desire to avoid/escape ongoing suffering vs. intent to die?**

   This is an important questions since this is often the case. Trying to die to end the pain is typically considered suicidal behavior. A deeper investigation into the person's thoughts, life etc. would be important.

4. **Is there a Norwegian version/standardization of the scales that professor Lars presented?**

   Yes, all of these are also in Norwegian version.

5. **When will we receive the slides?**

After the entire series is done.

6. **Should investigators be involved in quantitative studies?**

   I think this depends. Both quantitative and qualitative research methods are useful in suicide prevention research. As a researcher, I advocate for mixed methods (i.e., a combination of quantitative and qualitative methods).

7. **Where can I find out how to do retest analysis? I'm interested in finding out more about this. Any links, research or documents that you recommend?**

   You need to research the literature on test-retest reliability. A mental health statistician who has written a lot on this topic is Helena Kraemer, professor emeritus at Stanford.

8. **Should the Principal Investigator of a Postdoctoral project collect data (i.e. interview participants)? Or should this be a task for a research assistant to avoid bias?**

   I think it is fine to use either or both. However, if you use both (i.e., more than 1 interviewer) it is important to test the interrater reliability between raters. This would involve randomly selecting a number of study participants who would be interviewed by both raters independently and comparing the ratings provided by both raters/interviewers.
   Inter-rater reliability can also be demonstrated by having all raters rate a taped interview. This is an ongoing process throughout a study
   There are always possibilities of rater biases. The best protection against it is to have an ongoing interrater (IRR) check of ratings (for example by pulling random cases for IRR checks throughout the study).

9. **What can you tell us about the distinction between Suicidal Ideation and Wish to die (a.k.a. passive suicidal ideation)? The CSSRS considers Wish to die as the first level of SI, but other authors consider it a different concept (one can wish to die, but not necessarily by killing oneself).**

You raise an important question and there is no one answer. This demonstrates the importance of actually looking at available instruments, defining your terms and deciding what to include in your study. Wish to die is often considered as a sign of distress and suggests it is important to inquire further so you can determine if the person is having suicidal ideation.

10. Are there references for these statistics? The "60% of people who die by suicide die on their first attempt" and "90% of people who attempt suicide do not die"

Here are a few references to consider:
Owens D, et al. Br J Psychiatry. 2002;181:193-199.
Bostwick JM, et al. Am J Psychiatry. 2016;173(11):1094-1100.
Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2016.
A recent review: Too LS, Spittal MJ, Bugeja L et al. The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies. J Affect Disord 2019; 259: 302–13

11. Sounds to me that of the 10% who did indeed die by suicide, 60% of those who died had outcome of death on their first attempt. Seems like firearm deaths to me.

Firearms do account for the majority of deaths though not all, same for the 60% who die on the first attempt. Further investigation on this topic is needed.

12. I am wondering from a practical perspective that asking participants questions about their suicidal behaviour multiple times a day-- are people comfortable answering such questions that many times?

Excellent questions and this is being studied. There is a growing literature about this and conflicting findings. Doesn't seem like it correlates with suicidal behavior.

EMA studies in suicide prevention have been conducted across a number of organizations/institutions, which means some individuals are okay with being asked multiple times per day about their suicidal behaviors. The question is how representative these individuals are from those who dont agree to participate in these types of studies because of discomfort with being asked to answer questions about their suicidal behaviors multiple times per day. This is a challenging question to answer because I have not seen an EMA study that specifically document the number of individuals who were asked to participate in an EMA study but refused specifically because of discomfort with being asked to answer questions about their suicidal behaviors multiple times per day. This speaks to potential selection bias.

I think there is a difference in answers to this depending on the context. If performed in the context of a treatment trial (as I do), we are not encountering responses indicating that people feel uncomfortable. In several treatments daily monitoring of suicidal ideation, suicide attempts, or urges to self-harm is included and are important therapeutic tools.

13. Is there an EMA platform in Hebrew?

Not yet but will be soon. talk to Dr. Liat Yzhaki at Geha MHC

14. Some instruments just have 1 question — e.g., self-report suicidal ideation, plan, attempts in many national representative surveys. How can we justify they are reliable and valid?

Can study test-retest and inter-rater. Remember that it doesn't mean that it is valid- i.e., studying what it is meant to, represenative or generalizable.

15. Thanks both for your talks. I'm more interested in measuring suicide deaths. Are there research evaluating, say, coroner's verdict to see if deaths are suicidal? Many thanks.

There are a few studies on the validity of coroner determinations and also researchers have considered undetermined cause of death to identify which were actually suicides.
We are currently collecting data on all suicides in Norway occurring within 12 months of contact with mental health services. Data are collected through an online system, providing us with rich opportunities to conduct the type of research you are interested in. For info: https://www.med.uio.no/klinmed/english/research/centres/nssf/norwegian-surveillance-system/index.html

16. How shall we differentiate suicidal ideation, suicide plan, suicide "intent to die"?

These need to be asked about separately and there or measures of each.

17. If individuals do not indicate suicidal ideation/plan/intent, is it possible they have attempt only?

The administration of instruments is important related to this. For example, the item about ideation I believe is often asked as, "have you had thoughts about killing yourself without going on to make an attempt." Depends on the instrument.

18. If there are 3 seperate questions: 1) suicide ideation ("During the past 12 months, did you ever seriously consider attempting suicide?"), 2) suicide plan ("During the past 12 months, did you make a plan about how you would attempt suicide?"), and 3 suicide attempts ("During the past 12 months, how many times did you actually attempt suicide?"). The individual only answer "yes" to suicide attempts, how shall we justify? Is it possible that they do not have ideation or plan?

Each measure treats this differently so check with the manual and training of the measure you are using.

19. Would you recommend using zero inflated models for suicide ideation?

You need to look at the distribution of your data and fit indices for various models

20. I am a 2nd year doctoral student focused on the grief reactions and mental health outcomes of children bereaved by the suicide of a family member, including suicidal behaviors and ideation during bereavement. What advice do you have about navigating the ethical challenges of studying suicidal behaviors in vulnerable populations and safety monitoring, especially when using EMA with minors?

Some was covered by Dr. Stanley and next session we will discuss ethical issues.