



## GLOSSARY OF SUICIDE PREVENTION TERMS

- From the National Strategy for Suicide Prevention: Goals and Objectives for action. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2001

**Activities** – the specific steps that will be undertaken in the implementation of a plan; activities specify the manner in which objectives and goals will be met.

**Adolescence** – the period of physical and psychological development from the onset of puberty to maturity.

**Advocacy groups** – organizations that work in a variety of ways to foster change with respect to a societal issue.

**Affective disorders** – see mood disorders.

**Anxiety disorder** – an unpleasant feeling of fear or apprehension accompanied by increased physiological arousal, defined according to clinically derived standard psychiatric diagnostic criteria.

**Best practices** – activities or programs that are in keeping with the best available evidence regarding what is effective.

**Biopsychosocial approach** – an approach to suicide prevention that focuses on those biological, psychological and social factors that may be causes, correlates, and/or consequences of mental health or mental illness and that may affect suicidal behavior.

**Bipolar disorder** – a mood disorder characterized by the presence or history of manic episodes, usually, but not necessarily, alternating with depressive episodes.

**Causal factor** – a condition that alone is sufficient to produce a disorder.

**Cognitive/cognition** – the general ability to organize, process, and recall information.

**Community** – a group of people residing in the same locality or sharing a common interest.

**Comprehensive suicide prevention plans** – plans that use a multi-faceted approach to addressing the problem; for example, including interventions targeting biopsychosocial, social and environmental factors.

**Comorbidity** – the co-occurrence of two or more disorders, such as depressive disorder with substance abuse disorder.

**Connectedness** – closeness to an individual, group or people within a specific organization; perceived caring by others; satisfaction with relationship to others, or feeling loved and wanted by others.

**Consumer** – a person using or having used a health service.

**Contagion** – a phenomenon whereby susceptible persons are influenced towards suicidal behavior through knowledge of another person's suicidal acts.

**Culturally appropriate** – a set of values, behaviors, attitudes, and practices reflected in the work of an organization or program that enables it to be effective across cultures; includes the ability of the program to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services.

**Culture** – the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith or social group.

**Depression** – a constellation of emotional, cognitive and somatic signs and symptoms, including sustained sad mood or lack of pleasure.

**Effective** – prevention programs that have been scientifically evaluated and shown to decrease an adverse outcome or increase a beneficial one in the target group more than in a comparison group.

**Elderly** – persons aged 65 or more years.

**Environmental approach** – an approach that attempts to influence either the physical environment (such as reducing access to lethal means) or the social environment (such as providing work or academic opportunities).

**Epidemiology** – the study of statistics and trends in health and disease across communities.

**Evaluation** – the systematic investigation of the value and impact of an intervention or program.

**Evidence-based** – programs that have undergone scientific evaluation and have proven to be effective.

**Follow-back study** – the collection of detailed information about a deceased individual from a person familiar with the decedent's life history or by other existing records. The information collected supplements that individual's death certificate and details his or her circumstances, the immediate antecedents of the suicide, and other important but less immediate antecedents.

**Frequency** – the number of occurrences of a disease or injury in a given unit of time; with respect to suicide, frequency applies only to suicidal behaviors which can repeat over time.

**Gatekeepers** – those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.

**Goal** – a broad and high-level statement of general purpose to guide planning around an issue; it is focused on the end result of the work.

**Health** – the complete state of physical, mental, and social well-being, not merely the absence of disease or infirmity.

**Health and safety officials** – law enforcement officers, fire fighters, emergency medical technicians (EMTs), and outreach workers in community health programs.

**Healthy People 2010** – the national prevention initiative that identifies opportunities to improve the health of all Americans, with specific and measurable objectives to be met by 2010.

**Indicated prevention intervention** – intervention designed for individuals at high risk for a condition or disorder or for those who have already exhibited the condition or disorder.

**Intentional** – injuries resulting from purposeful human action whether directed at oneself (self-directed) or others (assaultive), sometimes referred to as violent injuries.

**Intervention** – a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorder or strengthening social support in a community).

**Means** – the instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication).

**Means restriction** – techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

**Methods** – actions or techniques which result in an individual inflicting self-harm (i.e., asphyxiation, overdose, jumping).

**Mental disorder** – a diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with an individual's cognitive, emotional or social abilities; often used interchangeably with mental illness.

**Mental health** – the capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective and relational).

**Mental health problem** – diminished cognitive, social or emotional abilities but not to the extent that the criteria for a mental disorder are met.

**Mental health services** – health services that are specially designed for the care and treatment of people with mental health problems, including mental illness; includes hospital and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services, and other intensive outreach approaches to the care of individuals with severe disorders.

**Mental illness** – see mental disorder.

**Mood disorders** – a term used to describe all mental disorders that are characterized by a prominent or persistent mood disturbance; disturbances can be in the direction of elevated expansive emotional states, or, if in the opposite direction, depressed emotional states; included are Depressive Disorders, Bipolar Disorders, mood disorders due to a medical condition, and substance-induced mood disorders.

**Morbidity**– the relative frequency of illness or injury, or the illness or injury rate, in a community or population.

**Mortality** – the relative frequency of death, or the death rate, in a community or population.

**Objective** – a specific and measurable statement that clearly identifies what is to be achieved in a plan; it narrows a goal by specifying who, what, when and where or clarifies by how much, how many, or how often.

**Outcome** – a measurable change in the health of an individual or group of people that is attributable to an intervention.

**Outreach programs** – programs that send staff into communities to deliver services or recruit participants.

**Personality disorders** – a class of mental disorders characterized by deeply ingrained, often inflexible, maladaptive patterns of relating, perceiving, and thinking of sufficient severity to cause either impairment in functioning or distress.

**Postvention** – a strategy or approach that is implemented after a crisis or traumatic event has occurred.

**Prevention** – a strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.

**Protective factors** – factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

**Psychiatric disorder** – see mental disorder.

**Psychiatry** – the medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders.

**Psychology** – the science concerned with the individual behavior of humans, including mental and physiological processes related to behavior.

**Public information campaigns** – large scale efforts designed to provide facts to the general public through various media such as radio, television, advertisements, newspapers, magazines, and billboards.

**Public Health Approach** – the systematic approach using five basic evidence-based steps, which are applicable to any health problem that threatens substantial portions of a group or population. The five steps include defining the problem, identifying causes, developing and testing interventions, implementing interventions and evaluating interventions.

**Rate** – the number per unit of the population with a particular characteristic, for a given unit of time.

**Residency programs** – postgraduate clinical training programs in special subject areas, such as medicine.

**Resilience** – capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

**Risk factors** – those factors that make it more likely that individuals will develop a disorder; risk factors may encompass biological, psychological or social factors in the individual, family and environment.

**Screening** – administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

**Screening tools** – those instruments and techniques (questionnaires, check lists, self-assessment forms) used to evaluate individuals for increased risk of certain health problems.

**Selective prevention intervention** – intervention targeted to subgroups of the population whose risk of developing a health problem is significantly higher than average.

**Self-harm** – the various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses or exhibiting deliberate recklessness.

**Self-injury** – see self-harm.

**Sociocultural approach** – an approach to suicide prevention that attempts to affect the society at large, or particular subcultures within it, to reduce the likelihood of suicide (such as adult-youth mentoring programs designed to improve the well-being of youth).

**Social services** – organized efforts to advance human welfare, such as home-delivered meal programs, support groups, and community recreation projects.

**Social support** – assistance that may include companionship, emotional backing, cognitive guidance, material aid and special services.

**Specialty treatment centers (e.g., mental health/substance abuse)** – health facilities where the personnel and resources focus on specific aspects of psychological or behavioral well-being.

**Stakeholders** – entities, including organizations, groups and individuals, which are affected by and contribute to decisions, consultations and policies.

**Stigma** – an object, idea, or label associated with disgrace or reproach.

**Substance abuse** – a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use; includes maladaptive use of legal substances such as alcohol; prescription drugs such as analgesics, sedatives, tranquilizers, and stimulants; and illicit drugs such as marijuana, cocaine, inhalants, hallucinogens and heroin.

**Suicidal act (also referred to as suicide attempt)** – a potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.

**Suicidal behavior** – a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide.

**Suicidal ideation** – self-reported thoughts of engaging in suicide-related behavior.

**Suicidality** – a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide.

**Suicide** – death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.

**Suicide attempt** – a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself; a suicide attempt may or may not result in injuries.

**Suicide attempt survivors** – individuals who have survived a prior suicide attempt.

**Suicide survivors** – family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors.

**Surveillance** – the ongoing, systematic collection, analysis and interpretation of health data with timely dissemination of findings.

**Unintentional** – term used for an injury that is unplanned; in many settings these are termed accidental injuries.

**Universal preventive intervention** – intervention targeted to a defined population, regardless of risk; (this could be an entire school, for example, and not the general population per se).

**Utilization management guidelines** – policies and procedures that are designed to ensure efficient and effective delivery (utilization) of services in an organization.

## **Supplemental definitions of terms used in the field of suicide prevention:**

**Prevention network** – coalitions of change-oriented organizations and individuals working together to promote suicide prevention. Prevention networks might include statewide coalitions, community task forces, regional alliances, or professional groups.

**Public health** - the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.