

INTRODUCTION

Advancements in the Understanding of PTSD and Suicide Risk: Introduction to a Special Section

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Nearly 1 million people worldwide die by suicide annually (Naghavi, 2019), and an even greater proportion of the global population experiences suicidal ideation and engages in suicidal behavior (World Health Organization, 2014). Although myriad factors contribute to the development and maintenance of suicidal thoughts and behaviors (Klonsky et al., 2016), research has repeatedly shown that individuals with elevated symptoms of posttraumatic stress disorder (PTSD) or a PTSD diagnosis are at increased risk for suicide (for reviews, see Holliday et al., 2020; Panagioti et al., 2009, 2012). More specifically, PTSD has been shown to predict suicidal ideation (Panagioti et al., 2017), suicide attempts (Stanley et al., 2019), and suicide mortality (Cooper et al., 2020). In fact, large-scale epidemiological investigations have demonstrated that PTSD is one of the few psychiatric disorders that predicts the transition from thinking about suicide to making a suicide attempt (Nock et al., 2009). Suicidal thoughts and behaviors, therefore, are among the most concerning and potentially debilitating consequences of PTSD, and efforts to understand the interplay between PTSD and suicidality are crucial for suicide prevention efforts.

Yet, there remain key gaps in the field's understanding of the relation between PTSD and suicidal thoughts and behaviors. In response, *Psychological Trauma: Theory, Research, Practice, and Policy* organized this Special Section on PTSD and Suicide Risk. The articles included in this Special Section represent innovations in the understanding of the link between PTSD and suicidality across various at-risk populations and units of analysis. This Special Section additionally contains articles that address key data

analytic and assessment considerations, paving the way for methodologically rigorous future research.

A full account of needed future directions is beyond the scope of this Special Section introduction. The authors of the included articles provide cogent summaries of needed future directions, which I will not repeat in full here. I will, however, highlight a few key themes. First, suicide-related outcomes occur on a continuum, inclusive of passive thoughts of death, active suicidal ideation, serious suicidal intent, low-lethality nonfatal suicide attempts, medically serious nonfatal suicide attempts, and suicide mortality. The pathways to each of these points along the continuum are likely different (Klonsky et al., 2016). Thus, examining the intersection between PTSD and suicide-related outcomes should be attentive to these nuances. Second, the mechanisms accounting for the link between PTSD and suicidality remain poorly understood—this represents a critical area for future research that will ostensibly lead to targets for clinical intervention. Third, considering the high levels of psychiatric comorbidity in PTSD (Brady et al., 2000), it is necessary to parse apart the unique facet(s) of PTSD linked to suicide risk, as well as the role of neighboring constructs, such as moral injury (Bryan et al., 2018).

Fourth, in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; American Psychiatric Association, 2013)*, PTSD is situated within a broader category of trauma- and stressor related disorders. Additional research is needed to evaluate suicide risk among individuals experiencing PTSD (and thus a qualifying Criterion A stressor) versus stressors that might not fulfill PTSD Criterion A but nevertheless lead to other stress disorder diagnoses, such as adjustment disorder (Street et al., 2021). Finally, most suicides in the United States are caused by firearms (Centers for Disease Control and Prevention, 2020), and the hypervigilance to threat that is characteristic of PTSD may lead some firearm owners to store their firearms unsafely (Jakupcak & Varra, 2011)—a robust risk factor for suicide (Mann & Michel, 2016). Yet, research examining the intersection between PTSD and firearm ownership and storage practices is limited by an array of methodological limitations that signal the need for additional inquiry (Stanley et al., 2020).

I conclude with a glimmer of hope. Notwithstanding the distress and psychosocial functional impairments characteristic of PTSD, most people with PTSD will neither think about nor attempt suicide. For those who do, multiple treatment trials have found that

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the treatment of PTSD is associated with reductions in suicidal thoughts (e.g., Brown et al., 2019; Gradus et al., 2013), and a trial is currently underway testing the efficacy of trauma-focused treatment for the prevention of suicidal behavior as well (ClinicalTrials.gov Identifier: NCT04225130). More work is needed to optimize and/or adapt PTSD treatments for the reduction of suicide risk. Ultimately, it is my hope and belief that advancements in the scientific understanding of PTSD and suicide risk will contribute to decreases in suffering and decreases in suicide deaths.

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