



Research Brief

Suicidal Ideation Among Individuals Aging With Spinal Cord Injury

Introduction

Suicide is a prominent public health issue as suicide rates increased approximately 30% in the United States (US) between 2000 and 2018. In 2020, suicide accounted for one death every 11 minutes (CDC, 2020). People with spinal cord injury (SCI) have higher rates of suicidal ideation and suicide attempts and are at an elevated risk of mortality by suicide.

Our purpose was to identify the prevalence of suicidal ideation and how biopsychosocial factors are associated with suicidal ideation. There were 553 adults with SCI who participated. They averaged 31 years since SCI onset, 58 years old at the time of the study, and the majority (79%) were non-Hispanic White. The participants' age, sex, years of education, and relationship status were considered as demographic characteristics. Suicidal ideation was assessed using the Patient Health Questionnaire-9.

Key Findings

- Over 14% of participants reported recent suicidal ideation.
- On average, participants that endorsed recent suicidal ideation had greater pain severity, pain interference, depressive symptom severity, and frequency of anxiety.
- Having a cervical level injury, lower self-reported general health, having social and emotional support, and fewer days spent outside of the home were all associated with suicidal ideation.
- Age, education, time since injury, sex, race/ethnicity, ambulation status, relationship status, or frequency of excessive alcohol use in the prior month did not significantly affect suicidal ideation.
- Injury level and depressive symptom severity remained related to recent SI.

What does this mean?

Despite our participants, on average, having lived three decades with SCI, suicidal ideation continues to be a concern, and elevated rates of suicidal ideation in those with long-term SCI is apparent. Suicidal ideation is particularly related to depressive symptoms severity and cervical level of injury. Continued assessment of suicidal ideation and depressive symptoms, including considerations of treatment options, across the lifespan is essential in this aging population. The presence of suicidal ideation may be used in therapy as a catalyst to explore deeper adjustment issues, as these thoughts may represent other indicators of psychological adjustment. Clinicians should be aware that individuals with cervical-level injuries are at increased risk of suicidal ideation.