

EDITORIAL

On suicidal behaviour and addictive behaviours *Sobre la conducta suicida y las conductas adictivas*

EDUARDO FONSECA-PEDRERO*, SUSANA AL-HALABÍ**.

* Universidad de La Rioja.

** Universidad de Oviedo.

Suicidal behaviour is a multifaceted phenomenon, the delimitation, assessment, prevention, intervention and postvention of which requires a comprehensive approach focused on the individual's suffering and biographical context (Al-Halabí & Fonseca-Pedrero, 2021). Suicidal behaviour includes complex phenomena such as ideation, planning, communication, attempt and death by suicide, thus encompassing the set of thoughts and behaviours related to intentionally taking one's own life (Fonseca Pedrero et al., 2022; Jobs et al., 2024; Turecki et al., 2019).

The impact of both suicidal and addictive behaviours at personal, family, school, work, social and health levels is evident. At 4,227 in 2022, the number of suicide deaths in Spain was 5.6% higher than the previous year. In the last decade, more than 36,000 people have died by suicide in Spain (National Institute of Statistics [INE], 2023). The World Health Organisation [WHO] (2014) estimate of an average of 20 suicide attempts per death by suicide would mean almost 85,000 suicide attempts per year in Spain.

The drama this perspective implies is difficult to describe and cope with for family members and friends who, at times, may find themselves faced with a complex grieving process (Al-Halabí & Fonseca-Pedrero, 2023). According to Coppersmith et al. (2023), approximately 9% of the population has reported suicidal thoughts at some point in their lives, and 4.9% of Spanish adolescents said that they had tried to take their own life at some point (Fonseca-Pedrero et al., 2023). The data are there, they speak for themselves. The present and future social cost of inaction is (or will be) even greater, however (McDaid et al., 2021).

Regarding addictions, the human and social cost is also very high, to which are added the related costs for the public care system (prevention, medical care and treatment), public safety, the environment and work productivity. Additionally, substance abuse can impact the lives of people around the user, especially in their family. A strong link has been observed between domestic violence and substance abuse, in particular risky drinking. However, the impact depends on a series of factors, including the type and frequency of

■ ISSN: 0214-4840 / E-ISSN: 2604-6334

■ Send correspondence to:

Eduardo Fonseca Pedrero. University of La Rioja. C/ Luis de Ulloa, s/n, Edificio VIVES; C.P: 26002, Logroño, La Rioja, Spain. Tel: +34 941 299 031. Fax: +34 941 299 333. Email: eduardo.fonseca@unirioja.es

the substance used and the social environment (Ministry of Health, Social Services and Equality, 2017).

Back to basics: from diagnostic labels to understanding the person-in-the-world

Suicidal behaviour is characterised by the presence of immense vital suffering and intolerable psychological pain which feels unsolvable, endless, inescapable, without a future or hope, which leads a person, in given circumstances, to decide to take their own life (Al-Halabí & Fonseca-Pedrero, 2023; Chiles et al., 2019).

This new perspective conceives suicidal behaviour as an existential drama, a way of responding to and coping with the various vicissitudes of life (García-Haro et al., 2023). The various manifestations of suicidal behaviour constitute neither pathognomonic signs or symptoms of a supposed (and misnamed) “mental illness” nor an “intrapsychic breakdown” that would have to be “cured.” Such phenomena are radically (at root) psychological, and their true meaning can only be understood by considering the individual who experiences them subjectively, based on their biographical context (Pérez-Álvarez, 2018). Note that no reality is denied here, neither biological nor social; the focus is simply shifted to the narrative and relational arc of the individual.

No matter how much the opposite is asserted, and before beginning a new illusory and fruitless search for the “suicidal” or “addict brain,” it is worth remembering that it is difficult to take the inherent phenomenological and contextual nature of human experiences out of the equation. The focus should not be on the mere description of psychopathological symptoms, devoid of context and function, like a recipe book of symptoms from the Diagnostic and Statistical Manual of Mental Disorders, but rather on understanding the experience lived by the person. Ignoring the fragmented and existential narrative of suffering carries far-reaching implications. It may lead, for example, to interventions that, despite seeming technically appropriate, not only do not alleviate suffering, but become a source of suffering in themselves with possible side effects.

Against the grain: the chimera of risk prediction and cause in supposed underlying mental disorders

The field of knowledge and research on suicidal behaviour is changing. We are witnessing a reform which attempts to avoid the perpetuation of myths and practices anchored in a traditional model that decrees: a) the best way to prevent or reduce suicide is through risk prediction; and b) the majority of people who attempt suicide do so as a result of some mental disorder [see, for example, substance use

disorder (SUD)], ergo the solution is to treat the underlying disorder.

Firstly, suicidal behaviour is plural/diverse, dynamic/fluctuating/interactive, extraordinarily variable over time and highly dependent on contextual elements (Kleiman et al., 2017), an aspect which it has in common with addictive behaviours (Dowling et al. al., 2023; Ross et al., 2017). Previous studies have found that 95% of those classified as “high risk” did not actually commit suicide, while half of suicide deaths occurred in people classified as “low risk” (Large et al., 2017). Prestigious publications emphasise that suicide risk prediction has no validity or usefulness, so continuing to rely on it as a prevention strategy is a chimerical equation leading only to insurmountable frustration for both professionals and people seeking help (Hawton et al., 2022).

Secondly, although the presence of a mental disorder and suicidal behaviour may correlate, the diagnosis is never the cause (García-Haro et al., 2020), nor does it explain why a person thinks about or attempts to commit suicide, nor does it consider the dilemmatic contexts or situations where death is contemplated as a solution. Reducing the suicidal act to a mere involuntary symptom of another diagnostic label (SUD, for example) or to a correlate of drug use implies a distortion of its most essential meaning, which is the intentionality-of-wanting-to-take-your-life (García-Haro et al., 2020) in conjunction with an ethical dimension woven into the person’s values. It is time to move from a culture focused on the “symptom” to one based on the “functional understanding of the reasons.” We should remember that no one tries to end their life without a reason.

Assessment: from the third to the first person

The interview is an indispensable and irreplaceable technique in which not only psychological assessment forms an essential part of the treatment approach, but also comprehension, validation and empathic responsiveness as part of a collaborative and therapeutic relationship. In the field of suicidal behaviour, the interview is understood as an active part of the process of treatment or decision-making (Al-Halabí & Fonseca-Pedrero, 2023). In addition to topographic-diagnostic aspects, the professional must thus consider the person-centred experiential perspective. That is, going beyond supposedly “objective” or descriptive data in an attempt to understand the individual’s subjective experience or perspective, their way of being in the world, and their personal narrative.

Beyond the relevance, representativeness and adequacy of the items (Kreitchmann et al., 2024), pencil and paper tests and scales (e.g., Al-Halabí et al., 2016) must necessarily be combined with the professional’s judgment

and therapeutic skills, and a balance between the desire for help and respect for autonomy, as well as the values and characteristics of the person seeking help. Given that the predictive capacity of tests is poor, thus providing a false sense of security, health professionals must address individual circumstances, strengths and characteristics. The assessment should address the person's needs and how to meet them in the short and long term. Building the clinical narrative in this way will ensure that full attention is paid to the person and that they are guided towards the best personalised treatment, rather than the assessment being an end in itself (National Institute for Health and Care Excellence [NICE], 2022). As noted by Mughal et al. (2023), moving from a "risk-focused" to a "safety-focused" culture is a challenge for everyone, particularly for public services. It should thus be about not only knowing how to assess, but also about offering an empathetic understanding of the person in crisis and their problem so that they can regulate their emotions and consider possible alternative solutions (Al-Halabí et al., 2023). Only through an assessment process that validates emotional pain and establishes a therapeutic alliance (Fartacek et al., 2023; Huggett et al., 2022) can the professional intervene on those aspects that can mitigate the pain or those that are modifiable through appropriate psychological treatment, which would include substance use (Hawton et al., 2022). Separating assessment and intervention with people with suicidal behaviour and substance use is not only impossible but counterproductive.

Preventing suicidal behaviour: in search of empirical support and social determinants

The fact that suicide is preventable has been highlighted by the available empirical evidence. Effective intervention strategies and resources for prevention are available (Mann et al., 2021; Pirkis et al., 2023; Zalsman et al., 2016). Indeed, the literature shows that suicide deaths can be prevented with timely, evidence-based and often low-cost interventions (Platt et al., 2019; Wasserman, 2021).

It is essential to implement universal, selective and indicated strategies which are efficacious, effective and efficient in reducing or mitigating the global burden, as well as the associated disability and morbidity, and which, ultimately, help improve the quality of life in the present and future society. With this in mind, the WHO has developed the LIVE LIFE approach (Pan American Health Organisation, 2021) for suicide prevention, in which the following evidence-based strategies are recommended: a) limit access to means of suicide (e.g., pesticides, firearms, certain drugs); b) interact with the media to responsibly report on suicide; c) promote socio-emotional skills and life skills in adolescents; and d) identify, assess, manage and

monitor people exhibiting suicidal behaviour who come into contact with public administration systems, whether health or social.

Prevention must include a clinical, educational and community approach. Every professional, institution, association, government, etc., has a crucial role to play. Being multisectoral and multilevel, the prevention of suicidal behaviour is not supported only, nor primarily, by mental health services. Homeless people, who, as described in the literature usually present high rates of SUD and suicidal behaviour, serve as an example (Calvo et al., 2023). In Spain, only one longitudinal study has been carried out in this population (Calvo et al., 2024). According to the authors of the study, the rate of death by suicide among homeless people was 700 times higher than in the general Spanish population (INE, 2023). The percentage of those attempting suicide on some occasion was 84 times higher than the population in international publications (Turecki et al., 2019). Another community and social example can be found in the results that support suicide prevention in educational centres (Walsh et al., 2022). Thus, active interventions, compared to controls, were associated with a lower likelihood of 13% for ideation (Odds Ratio (OR) = 0.87, 95% CI [0.78, 0.96]) and 34% for suicide attempts (OR = 0.66, 95% CI [0.47, 0.91]). This is not a minor issue, since many suicidal behaviour prevention programs have components in common with substance use prevention programs, such as conflict resolution or social skills (González-Roz et al., 2023). Likewise, both self-harming and addictive behaviours can share aspects of self-regulation when experiencing conflict, particularly in adolescents (Eslava et al., 2023). Furthermore, prevention programs can result in "cross-effects," differentially impacting both types of behaviour (Ayer et al., 2022).

Reviving a model based on salutogenesis, understood as the ability to benefit from positive environmental influences, would not be a bad idea either. Focusing on strengths and opportunities serves to remind society that families and communities are its greatest assets, something that has often been ignored or forgotten. When prevention strategies are conceptualised at the community level, protective factors include social determinants of health common to suicidal and addictive behaviours, such as mutual care, early childhood development, job security, housing, access to education, leisure spaces and social justice and inclusion policies. We should remember that "an ounce of prevention is worth a pound of cure," to quote Benjamin Franklin.

Psychological treatments: good psychotherapy saves lives

Reviewing the literature, we can affirm that psychological interventions are efficacious and effective in reducing both substance use disorders and other addictive behaviours, such as suicide ideation and attempts (Bahji et al., 2024; NICE, 2022). Psychological treatments for suicidal

behaviour are transdiagnostic and specific, i.e., they are indicated for people manifesting suicidal behaviours regardless of whether they have been diagnosed with SUD, something else or nothing at all, since such behaviours can occur in the presence or absence of another diagnostic label; the core of the problem is the experience of aspects such as a feeling of being trapped, the sense (or lack thereof) of belonging, the feeling of burden or the reasons for living, among others. These variables are considered in psychological models of suicidal behaviour, also known as ideation-to-action theories of suicide (Klonsky et al., 2018).

For the adult population, the intervention most studied by researchers is cognitive behavioural therapy for suicide prevention (Witt et al., 2021). The literature is also consistent in showing that dialectical behaviour therapy can reduce suicidal ideation, suicide attempts and self-harm in people diagnosed with borderline personality disorder (Al-Halabí et al., 2024), usually in parallel with substance use problems or concomitant diagnoses of SUD (Leichsenring et al., 2024). The brief intervention with the greatest empirical support for responding to suicidal crises is the safety plan by Stanley and Brown (2012), which should be included in every therapeutic process (NICE, 2022). It would also be of great interest to frame effective psychological treatments within a general context of intervention that has scientific support. Thus, the AIM-SP model (Assess, Intervene, Monitor for Suicide Prevention) is a comprehensive intervention procedure with empirical support that can be applied to everyday clinical practice (Brodsky et al., 2018).

Suicidal behaviour and substance use

Being diagnosed with SUD is consistently associated with the different manifestations of suicidal behaviour (WHO, 2014; Rizk et al., 2021). Thus, the systematic review by Espinet et al. (2019) found that addiction to alcohol and other drugs has been established as an important risk factor. Studies with clinical cohorts indicate that the lifetime possibility of dying by suicide is 5 to 10 times higher in people diagnosed with SUD than in the general population. The chance of death by suicide among those diagnosed with alcohol use disorders is 10 times greater than what would be expected in the general population; it is 14 times greater for opioid use disorder and 17 times greater for polydrug use. Furthermore, the prevalence of lifetime suicide attempts among individuals diagnosed with SUD ranges from 24% to 78%.

Likewise, the meta-analysis by Poorolajet et al. (2016), which included 43 studies with 870,967 participants, found a significant association between SUD diagnosis and suicidal ideation (OR = 2.04, 16 studies), suicide attempt (OR = 2.49, 24 studies) and death by suicide (OR = 1.49, 7 studies). The review by Leza et al. (2024) put the prevalence of suicidal ideation in people undergoing treatment for

SUD at between 20% and 62.2%, while the prevalence of suicide attempts ranged from 15.8% to 52.1%. Within the context of the psychological approach to SUD, suicidal behaviour thus represents an important clinical concern that warrants careful investigation of the factors involved (Espinet et al., 2019). Furthermore, epidemiological models have described substance use, in its different forms, as a risk factor for suicidal behaviours not only in adults but also in child and adolescent populations (Al-Halabí & Fonseca-Pedrero, 2023).

On the other hand, Jenkins et al. (2023) have recently focused on the experiences of dehumanisation suffered by people with mental health difficulties or problems, proposing a new association of this phenomenon with death by suicide. They highlight people diagnosed with psychosis and SUD as examples which are particularly vulnerable to dehumanisation. Thus, the authors include as sources of meta-dehumanisation (the perception that oneself is “less” human than other people) the interactions with society, professionals, institutions and the media, which would impact self-dehumanisation and stigmatisation of these people with difficulties (Crapanzano et al., 2018). The authors point out that it is therefore necessary to go beyond mere health benefits and to consider specific protocols for the rehumanisation of services and care by professionals and society as a whole (Jenkins et al., 2023). This is particularly relevant in the case of addictive behaviours because, although there are differences between autonomous communities (Fernández-Miranda et al., 2024), the various addiction and mental health services have historically been separated, and different conceptualisations regarding treatments and recovery, or carrying out parallel interventions, have been grouped together in a way that may be far from the care chains based on good clinical practice (NICE, 2022).

The road ahead

Suicide is a social public health problem, and there is a considerable body of knowledge on the association between the various manifestations of suicidal behaviour and SUD (Shirayly et al., 2024), albeit with considerable room for improvement. For example, over a decade has passed since Conner et al. (2007) pointed out that the question whether suicidal behaviour and involuntary overdose were related behaviours with a similar profile or represented different behaviours with different risk factors has not yet been resolved. Resolving this issue would have important implications for prevention. For example, sharing a common profile could suggest the value of common prevention measures, while, if they were qualitatively different behaviours or with different correlates, prevention strategies should be more specific. As it stands, clear results regarding this issue are yet to be determined (Mitchell et al., 2021). This

is so, perhaps, because it is not so much about providing an answer, but about asking the right questions that likely involve a functional understanding of both behaviours, seeing them in the service of what, or what function, they fulfil in each person as a form of affective regulation (Coppersmith et al., 2023).

Most of the evidence obtained so far is not based on long-term prospective cohort studies, so more research is required. New studies are also needed to assess and compare the association between suicide and different types of substances, the dose-response relationship and the way and the contexts in which they are consumed (Strickland & Acuff, 2023). Beyond the recommendations indicated above, assessments of suicidal behaviour in people diagnosed with SUD are, at the moment, scarce and heterogeneous. Some authors recommend systematic screening for suicidal behaviour in people who request treatment for addictive behaviour problems (Leza et al., 2024).

In both suicidal behaviour and addictions, there is a call to leave the biomedical model of health behind, in its brain-centric, paternalistic and symptom-based form, and to give way to a radically psychological perspective, focused on the person, their being-in-the-world and their capabilities. This would be based on the processes of change, and would offer a collaborative approach with the possibility of talking in detail about their experiences and giving meaning to their biography, developing a shared and comprehensive vision of the psychological problems or the reasons why the person has decided to seek help to address them with empirically supported psychological treatments which have been described in the literature (Fonseca Pedrero, 2021a, 2021b).

Suicidal behaviour and addictive behaviours can be prevented, but solid and multisectoral strategies for prevention are lacking. Spain needs a National Plan for the Prevention of Suicidal Behaviour that includes, in line with those indicated by the WHO (2014), policies to reduce harmful alcohol use or to monitor and offer community support for people with substance use problems. And, as a social phenomenon with structural significance, all of this requires a holistic, collective, community and governmental response that does not stop at individualistic, simplistic or short-term measures and that, of course, must go beyond the health system.

The level of understanding regarding human behaviour, as well as access to preventive interventions and psychological treatments have improved, alongside a reduction in the associated stigma and taboo. Nevertheless, from another perspective, the response to this reality looks very different since advances in leadership, governance and financing in terms of social services and mental health are as yet conspicuous by their absence.

As evidence-based prevention interventions evolve and become consolidated, it is essential to ensure that effective interventions are efficiently implemented in practice and translated into quality programs and care that benefits people with psychological suffering.

It is necessary to implement accessible, inclusive, public, timely, multisectoral actions on the basis of empirical evidence. The goal is to generate hope and social and health resources. The objective is to build a collective scaffolding within which vulnerable people, such as those with addictive and suicidal behaviours, can seek help when they need it.

Acknowledgements

This research has been funded by the Spanish Ministry of Science and Innovation (MCIN) and the Spanish State Agency for Research (AEI), and the European Regional Development Fund (Project PID2021-127301OB-I00, financed by MCIN /AEI /10.13039/501100011033 /ERDF, EU).

References

- Al-Halabí, S. & Fonseca-Pedrero, E. (2021). Suicidal behaviour prevention: The time to act is now. *Clínica y Salud*, 32(2), 89-92. <https://doi.org/10.5093/clysa2021a17>
- Al-Halabí, S. & Fonseca-Pedrero, E. (Eds.) (2023). *Manual de Psicología de la Conducta Suicida*. Pirámide.
- Al-Halabí, S., García-Haro, J. & González-González, M. (2023). La entrevista clínica como relación de ayuda en la conducta suicida. In S. Al-Halabí & E. Fonseca-Pedrero (Eds.), *Manual de psicología de la conducta suicida* (pp. 317-352). Pirámide.
- Al-Halabí, S., Rodríguez Otero, J. E. & Fonseca Pedrero, E. (2024). Tratamiento de la conducta suicida en el trastorno límite de la personalidad. In J. A. Díaz Garrido, S. Al-Halabí, J. A. Cangas & F. Rodríguez Otero (Eds.), *Tratamientos psicológicos en los trastornos de la personalidad. I. Fundamentos, características y persona* (pp. 149-184). Pirámide
- Al-Halabí, S., Sáiz, P. A., Burón, P., Garrido, M., Benabarre, A., Jiménez, E., Cervilla, J., Navarrete, M. I., Díaz-Mesa, E. M., García-Álvarez, L., Muñoz, J., Posner, K., Oquendo, M. A., García-Portilla, M. P. & Bobes, J. (2016). Validation of a Spanish version of the Columbia-Suicide Severity Rating Scale (C-SSRS). *Revista de psiquiatría y salud mental*, 9(3), 134-142. <https://doi.org/10.1016/j.rpsm.2016.02.002>
- Ayer, L., Stevens, C., Reider, E., Sims, B., Colpe, L. & Pearson, J. (2023). Preventing Youth Suicide: Potential “Crossover Effects” of Existing School-Based Programs. *Prevention Science*, 24(2), 382-392. <https://doi.org/10.1007/S1121-022-01473-2>

- Bahji, A., Crockford, D., Brasch, J., Schutz, C., Buckley, L., Danilewitz, M., Dubreucq, S., Mak, M. & George, T. P. (2024). Training in Substance use Disorders, Part 1: Overview of Clinical Practice Recommendations. *Canadian journal of psychiatry*, 69(6), 428-456. <https://doi.org/10.1177/07067437241231128>
- Brodsky, B. S., Spruch-Feiner, A. & Stanley, B. (2018). The Zero Suicide Model: Applying Evidence-Based Suicide Prevention Practices to Clinical Care. *Frontiers in Psychiatry*, 9, 33. <https://doi.org/10.3389/fpsy.2018.00033>
- Calvo, F., Alfranca, R., Carbonell, X., Molina, E. & Font-Mayolas, S. (2023). The health of individuals experiencing homelessness: A 15-year retrospective cohort study. *Journal of Social Distress and Homelessness*, 32(2), 189-199.
- Calvo, F., Carbonell, X., Johnsen, S., Panadero, S., Vázquez, J. J., Calvet, A., McInnes, K. & Font-Mayolas, S. (2024). Mortality and suicide among persons experiencing homelessness: A seven-year follow-up study. Advance online publication. *Psicothema*.
- Chiles, J. A., Strosahl, K. D. & Roberts, L. W. (2019). *Clinical manual for assessment and treatment of suicidal patients* (2^a ed.). American Psychiatric Association.
- Conner, K. R., Britton, P. C., Sworts, L. M. & Joiner, T. E., Jr (2007). Suicide attempts among individuals with opiate dependence: The critical role of belonging. *Addictive behaviors*, 32(7), 1395-1404. <https://doi.org/10.1016/j.addbeh.2006.09.012>
- Coppersmith, D. D. L., Millgram, Y., Kleiman, E. M., Fortgang, R. G., Millner, A. J., Frumkin, M. R., Bentley, K. H. & Nock, M. K. (2023). Suicidal thinking as affect regulation. *Journal of psychopathology and clinical science*, 132(4), 385-395. <https://doi.org/10.1037/abn0000828>
- Crapanzano, K. A., Hammarlund, R., Ahmad, B., Hunsinger, N. & Kullar, R. (2018). The association between perceived stigma and substance use disorder treatment outcomes: A review. *Substance abuse and rehabilitation*, 10, 1-12. <https://doi.org/10.2147/SAR.S183252>
- Dowling, N. A., Rodda, S. N. & Merkouris, S. S. (2023). Applying the Just-In-Time Adaptive Intervention Framework to the Development of Gambling Interventions. *Journal of gambling studies*. <https://doi.org/10.1007/s10899-023-10250-x>
- Eslava, D., Martínez-Vispo, C., Villanueva-Blasco, V. J., Errasti, J. M. & Al-Halabí, S. (2023). Family Conflict and Suicidal Behaviour in Adolescence: The Mediating Role of the Assertive Interpersonal Schema. *Sustainability*, 15(6), 5149. <https://doi.org/10.3390/su15065149>
- Espinete, S., Corrin, T., Baliunas, D., Quilty, L., Zawertailo, L., Rizvi, S. J., deRuiter, W., Bonato, S., De Luca, V., Kennedy, S. & Selby, P. (2019). Predisposing and protective factors influencing suicide ideation, attempt, and death in patients accessing substance use treatment: A systematic review and meta-analysis protocol. *Systematic reviews*, 8(1), 115. <https://doi.org/10.1186/s13643-019-1028-2>
- Fartacek, C., Kunrath, S., Aichhorn, W. & Plöderl, M. (2023). Therapeutic alliance and change in suicide ideation among psychiatric inpatients at risk for suicide. *Journal of affective disorders*, 323, 793-798. <https://doi.org/10.1016/j.jad.2022.12.028>
- Fernández-Miranda, J. J., Fontoba-Díaz, J., Díaz-Fernández, S. & Pascual-Pastor, F. (2024). Co-occurrence of substance use disorders and other mental disorders in people undergoing specific treatment for any of them in Spain. *Adicciones*, 36(1), 31-40. <https://doi.org/10.20882/adicciones.1692>
- Fonseca-Pedrero, E. (Ed.) (2021a). *Manual de tratamientos psicológicos. Infancia y Adolescencia*. Pirámide.
- Fonseca-Pedrero, E. (Ed.) (2021b). *Manual de tratamientos psicológicos. Adultos*. Pirámide.
- Fonseca-Pedrero, E., Díez-Gómez, A., Pérez-Albéniz, A., Lucas-Molina, B., Al-Halabí, S. & Calvo, P. (2023). Profesionales de la Psicología en Contextos Educativos: Una Necesidad Ineludible. *Papeles del Psicólogo*, 44(3), 112-124. <https://doi.org/10.23923/pap.psicol.3018>
- Fonseca Pedrero, E., Pérez-Albéniz, A. & Al-Halabí, S. (2022). Conducta suicida en adolescentes a revisión: Creando esperanza a través de la acción. *Papeles del Psicólogo*, 43(3), 173-184. <https://doi.org/10.23923/pap.psicol.3000>
- González-Roz, A., Martínez-Loredo, V., Maalouf, W., Fernández-Hermida, J. R. & Al-Halabí, S. (2023). Protocol for a Trial Assessing the Efficacy of a Universal School-Based Prevention Program for Addictive Behaviors. *Psicothema*, 35(1), 41-49. <https://doi.org/10.7334/psicothema2022.251>
- García-Haro, J. M., García-Pascual, H., González-González, M., Barrio-Martínez, S. & García-Pascual, R. (2020). Suicidio y trastorno mental: Una crítica necesaria. *Papeles del Psicólogo*, 41, 35-42. <https://dx.doi.org/10.23923/pap.psicol2020.2919>
- García-Haro, J., González-González, M., Fonseca-Pedrero, E. & Al-Halabí, S. (2023). Conceptualización de la conducta suicida. In S. Al-Halabí & E. Fonseca-Pedrero (Eds.), *Manual de psicología de la conducta suicida* (pp. 31-68). Pirámide.
- Hawton, K., Lascelles, K., Pitman, A., Gilbert, S. & Silverman, M. (2022). Assessment of suicide risk in mental health practice: Shifting from prediction to therapeutic assessment, formulation, and risk management. *The lancet. Psychiatry*, 9(11), 922-928. [https://doi.org/10.1016/S2215-0366\(22\)00232-2](https://doi.org/10.1016/S2215-0366(22)00232-2)
- Huggett, C., Gooding, P., Haddock, G., Quigley, J. & Pratt, D. (2022). The relationship between the therapeutic alliance in psychotherapy and suicidal experiences: A systematic review. *Clinical psychology & psychotherapy*, 29(4), 1203-1235. <https://doi.org/10.1002/cpp.2726>

- Instituto Nacional de Estadística, INE (2023). Defunciones según la causa de muerte. INE. https://www.ine.es/prensa/edcm_2022_d.pdf
- Jenkins, T.A., Robison, M. & Joiner, T. E. (2023). Dehumanization and mental health: Clinical implications and future directions. *Current Opinion in Behavioral Sciences*, 50, 101257. <https://doi.org/10.1016/j.cobeha.2023.101257>.
- Jobes, D. A., Mandel, A. A., Kleiman, E. M., Bryan, C. J., Johnson, S. L. & Joiner, T. E. (2024). Facets of Suicidal Ideation. *Archives of suicide research*, 1-16. <https://doi.org/10.1080/13811118.2023.2299259>
- Kleiman, E. M., Turner, B. J., Fedor, S., Beale, E. E., Huffman, J. C. & Nock, M. K. (2017). Examination of real-time fluctuations in suicidal ideation and its risk factors: Results from two ecological momentary assessment studies. *Journal of abnormal psychology*, 126(6), 726-738. <https://doi.org/10.1037/abn0000273>
- Klonsky, E. D., Saffer, B. Y. & Bryan, C. J. (2018). Ideation-to-action theories of suicide: A conceptual and empirical update. *Current opinion in psychology*, 22, 38-43. <https://doi.org/10.1016/j.copsyc.2017.07.020>
- Kreitchmann, R. S., Nájera, P., Sanz, S. & Sorrel, M. A. (2024). Enhancing content validity assessment with Item Response Theory modeling. *Psicothema*, 36(2), 145-153. <https://doi.org/10.7334/psicothema2023.208>
- Large, M., Galletly, C., Myles, N., Ryan, C. J. & Myles, H. (2017). Known unknowns and unknown unknowns in suicide risk assessment: Evidence from meta-analyses of aleatory and epistemic uncertainty. *BjPsych bulletin*, 41(3), 160-163. <https://doi.org/10.1192/pb.bp.116.054940>
- Leichsenring, F., Fonagy, P., Heim, N., Kernberg, O. F., Leweke, F., Luyten, P., Salzer, S., Spitzer, C. & Steinert, C. (2024). Borderline personality disorder: A comprehensive review of diagnosis and clinical presentation, etiology, treatment, and current controversies. *World psychiatry*, 23(1), 4-25. <https://doi.org/10.1002/wps.21156>
- Leza, L., Haro, B., López-Goñi, J. J. & Fernández-Montalvo, J. (2024). Substance use disorder and lifetime suicidal behaviour: A scoping review. *Psychiatry research*, 334, 115830. <https://doi.org/10.1016/j.psychres.2024.115830>
- Mann, J. J., Michel, C. A. & Auerbach, R. P. (2021). Improving Suicide Prevention Through Evidence-Based Strategies: A Systematic Review. *The American Journal of Psychiatry*, 178(7), 611-624. <https://doi.org/10.1176/APPL.AJP.2020.20060864>
- Ministerio de Sanidad, Servicios Sociales e Igualdad (2017). *Estrategia Nacional sobre Adicciones 2017-2024*. Secretaría General Técnica. Centro de Publicaciones. Delegación del Gobierno para el Plan Nacional sobre Drogas.
- Mitchell, S. M., Brown, S. L., Görgülü, T., Conner, K. R. & Swogger, M. T. (2021). Substance use, current criminal justice involvement, and lifetime suicidal thoughts and behaviors history: The moderating role of thwarted belonging. *Suicide & life-threatening behavior*, 51(2), 237-246. <https://doi.org/10.1111/sltb.12699>
- McDaid, D., Kennelly, B., Ahren, S. & McElroy, B. (2021). An economic perspective on suicide across the five continents. In D. Wasserman (Ed.), *Oxford Textbook of Suicidology and Suicide Prevention* (pp. 409-419). Oxford University Press.
- Mughal, F., Burton, F. M., Fletcher, H., Lascelles, K., O'Connor, R. C., Rae, S., Thomson, A. B. & Kapur, N. (2023). New guidance for self-harm: An opportunity not to be missed. *The British journal of psychiatry*, 223(5), 501-503. <https://doi.org/10.1192/bjp.2023.113>
- National Institute for Health and Care Excellence, NICE (2022). *Self-harm: assessment, management and preventing recurrence*. <https://www.nice.org.uk/guidance/ng225>
- Organización Mundial de la Salud (2014). *Prevención del suicidio: un imperativo global*. Organización Panamericana de la Salud.
- Organización Panamericana de la Salud (2021). *Vivir la vida: Guía de aplicación para la prevención del suicidio en los países*. World Health Organization. https://iris.paho.org/bitstream/handle/10665.2/54718/9789275324240_spa.pdf?sequence=1&isAllowed=y
- Pérez-Álvarez, M. (2018). Para pensar la psicología más allá de la mente y el cerebro: Un enfoque transteórico. *Papeles del Psicólogo*, 39(3), 161-173
- Pirkis, J., Gunnell, D., Hawton, K., Hetrick, S., Niederkrotenthaler, T., Sinyor, M., Yip, P. S. F. & Robinson, J. (2023). A Public Health, Whole-of-Government Approach to National Suicide Prevention Strategies. *Crisis*, 44(2), 85-92. <https://doi.org/10.1027/0227-5910/a000902>
- Platt, S., Arensman, E. & Rezaeian, M. (2019). National suicide prevention strategies - Progress and Challenges. *Crisis*, 40(2), 75-82. <https://doi.org/10.1027/0227-5910/a000587>
- Poorolajal, J., Haghtalab, T., Farhadi, M. & Darvishi, N. (2016). Substance use disorder and risk of suicidal ideation, suicide attempt and suicide death: A meta-analysis. *Journal of public health*, 38(3), e282-e291. <https://doi.org/10.1093/pubmed/fdv148>
- Rizk, M. M., Herzog, S., Dugad, S. & Stanley, B. (2021). Suicide Risk and Addiction: The Impact of Alcohol and Opioid Use Disorders. *Current addiction reports*, 8(2), 194-207. <https://doi.org/10.1007/s40429-021-00361-z>
- Roos, C. R. & Witkiewitz, K. (2017). A contextual model of self-regulation change mechanisms among individuals with addictive disorders. *Clinical psychology review*, 57, 117-128. <https://doi.org/10.1016/j.cpr.2017.08.008>
- Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J. & Stanley, B. H. (2019). Suicide and suicide risk. *Nature Reviews. Disease Primers*, 5(1), 74. <https://doi.org/10.1038/s41572-019-0121-0>

- Stanley, B. & Brown, G. K. (2012). Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice, 19*(2), 256-264. <https://doi.org/10.1016/j.cbpra.2011.01.001>
- Strickland, J. C. & Acuff, S. F. (2023). Role of social context in addiction etiology and recovery. *Pharmacology, biochemistry, and behavior, 229*, 173603. <https://doi.org/10.1016/j.pbb.2023.173603>
- Walsh, E. H., McMahon, J. & Herring, M. P. (2022). Research Review: The effect of school-based suicide prevention on suicidal ideation and suicide attempts and the role of intervention and contextual factors among adolescents: A meta-analysis and meta-regression. *Journal of child psychology and psychiatry, and allied disciplines, 63*(8), 836-845. <https://doi.org/10.1111/jcpp.13598>
- Wasserman, D. (Ed.) (2021). *Oxford Textbook of Suicidology and Suicide Prevention*. Oxford University Press.
- Witt, K. G., Hetrick, S. E., Rajaram, G., Hazell, P., Taylor Salisbury, T. L., Townsend, E. & Hawton, K. (2021). Psychosocial interventions for self-harm in adults. *The Cochrane Database of Systematic Reviews, 4*(4), CD013668. <https://doi.org/10.1002/14651858.CD013668.pub2>
- Yuodelis-Flores, C. & Ries, R. K. (2015). Addiction and suicide: A review. *The American journal on addictions, 24*(2), 98-104. <https://doi.org/10.1111/ajad.12185>
- Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., Carli, V., Höschl, C., Barzilay, R., Balazs, J., Purebl, G., Kahn, J. P., Sáiz, P. A., Lipsicas, C. B., Bobes, J., Cozman, D., Hegerl, U. & Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry, 3*(7), 646-659. [https://doi.org/10.1016/S2215-0366\(16\)30030-X](https://doi.org/10.1016/S2215-0366(16)30030-X)