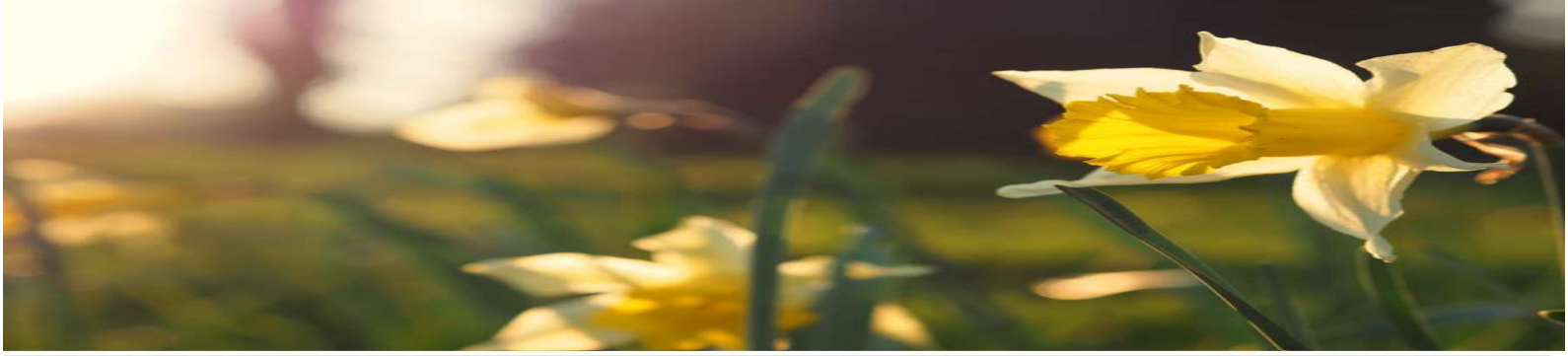

International Academy of Suicide Research

IASR Newsletter

Fall 2020

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Message From the President

Dear IASR members,

In January 2020 I became President of the IASR. Only two months later, we all experienced the COVID-19 Pandemic. The world has changed in a very short period and nothing is the same.

Some experts predicted a rise in suicide during or after the health crisis especially for those who are economically challenged. Since January, over 800,000 people have died from COVID-19. But the number of deaths by suicide is not much lower, over 530,000. If governments invested in suicide research and prevention only 5% of what they invest in dealing with COVID-19, we could save thousands of lives.

We didn't let the COVID pandemic stop our activity. Two new board members were elected and added to the board: **Dr. Diana E. Clarke**, (Ph.D), as Member-at-Large and **Dr. Vladimir Carli** (MD) as Treasurer. We are now in the process of electing a new **president elect**.

Keeping an optimistic vision, we elected two co-chairs for the next **IASR/AFSP suicide summit** to take place in **Barcelona October 21-24, 2021**: **Prof. J. John Mann** from Columbia University, New York and **Prof. Ping Qin** form the National Centre for Suicide Research and Prevention in Oslo. These two distinguished researchers are well-known to all of you and will chair a great summit in beautiful Barcelona.

We decided to keep on going with our **educational activities** in a webinar format.

Here is an update on these activities:

1. IASR Meta Analysis and Systematic Review Workshop for Mid- and Senior Career Suicidologists: September 11th 2020

The aim of this workshop is to promote high level research in suicidology. The lecturer is a world leader in metanalysis teaching, Prof. Stefan Leucht from the Department of Psychiatry in Munich. This workshop will give basic tools for your first meta-analysis. The format is an open interactive ZOOM workshop followed by a 1-hour roundtable group brainstorm. Roundtable topic: What meta-analysis/SR topic the field should focus on in the next 2 years? At the time of registration, individuals will be asked to register for 1 of 4 small breakout sessions led by IASR Board members and related to the following research areas: biology-pharmacology (Gil Zalsman), psychotherapy (Barbara Stanley), epidemiology or health services (Diana Clarke), and suicide preventive intervention (Vladimir Carli). Enrollment for the workshop and in the small breakout sessions is on a first-come-first-serve basis and space is limited. Please hurry to register (free to IASR members) on the website: https://suicide-research.org/meta-analysis-workshop/

- **IASR/AFSP Fall 2020 Workshop for early career Suicidologists**. **Aim:** To promote high-level research among young suicidologists. This workshop will give specific tools for early career researchers who want to do high-level suicide research. **Audience:** Early career researchers (MDs and PhDs) with prior basic knowledge in statistics and experience in conducting a study and publishing at least one original paper in any field. This joint venture with AFSP will take place via zoom in the Fall. More details will be issued soon.

1.SPOC- short private online course on introduction to suicidology- planned to be an online series of excellent lectures for everyone who wants to enter the world of suicide research. Dr. Olivia Kirtley agreed to lead this project.

The board issued a **position paper on suicide research on time of COVID-19 pandemic** to be published soon in our excellent journal the **Archives of suicide research**.

We thank **Prof. Yossi Levi-Belz** writing and editing this newsletter**.**

IASR joined the **COVID-19 suicide research collaboration** led by **Prof. David Gunnell** from the UK. Through this collaboration, a research studies register was launched, allowing you to upload any studies you're working on in this field. See Studies Register page https://www.iasp.info/covid-19/covid-19-suicide-research-studies-register/

We will love to see you taking part in all these activities.

Keep healthy and safe, keep working hard and don't stop suicide research, now more than ever.

Cheers

Prof. Gil Zalsman

IASR president

The 2021 International Summit on Suicide Research will bring together suicide researchers studying topics ranging from neurobiology and genetics to prevention and intervention. All suicide researchers and those interested in learning about the most cutting-edge evidence are invited to attend and take advantage of this excellent opportunity to network and interact. In addition to plenary sessions with preeminent suicide researchers and symposia, the meeting will include a mentoring program, poster sessions, and workshops addressing methodological issues particular to suicide research, such as assessment of suicidal behavior, strategies for research on low base rate outcomes, use of proxy measures, and maintaining the delicate balance between ethical and methodological concerns. The 2019 Summit had over 450 attendees representing 28 countries across the globe. We hope you will help make this the best Summit yet by joining us in October of 2021!

The 2021 International Summit on Suicide Research will be held at the World Trade Center in Barcelona, Spain from October 24-27, 2021. In addition to being centrally located for ease of travel for an international audience, Barcelona is rich in culture, history, and boasts an authentic Mediterranean experience and Catalan cuisine for its guests.

J. John Mann, MD, Columbia University, USA

J. John Mann is The Paul Janssen Professor of Translational Neuroscience (in Psychiatry and in Radiology) at Columbia University and Director, Molecular Imaging and Neuropathology Division at the New York State Psychiatric Institute. His research employs functional brain imaging, neurochemistry and molecular genetics to probe the causes of depression and suicide. In private practice he specializes in the treatment of mood disorders and has been repeatedly named as America's and New York Best Doctors by Castle Connolly.

Ping Qin, M.D., Ph.D., University of Oslo, Norway

Ping Qin, M.D., Ph.D., is a Professor of Psychiatric Epidemiology at National Center for Suicide Research and Prevention, University of Oslo, Norway, and Head of the research group for register-based studies on suicide and deliberate self-harm. Professor Qin has devoted her professional life to studying suicidal behavior with extensive experience in population studies with data from longitudinal registries, previously in Denmark and since 2012 in Norway. Her research interest has been into quantitative investigation on the contextual effect of multifactorial exposures on risk for suicide and suicidal behavior and prospective outcomes of psychosocial intervention and prevention strategies for deliberate self-harm.

"The Expert Corner"

Conversations with experts and pioneers in suicide research

Interviewer: Prof. Yossi Levi-Belz

Professor Danuta Wasserman is a Professor in Psychiatry and Suicidology at Karolinska Institute (KI) and the Founding Head of the National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP) at KI, Stockholm, Sweden since 1993.

She is the Director of the WHO Collaborating Centre for Research, Methods Development and Training in Suicide Prevention, and expert advisor to the WHO Office. She is a former President of the European Psychiatric Association (EPA) as well as former president of the International Academy of Suicide Research (IASR) and is Honorary President of the Swedish-Estonian Institute of Suicidology. A major contribution of Prof. Wasserman, in the National and Nordic level, is her establishment of the National Centre for Suicide Research and the Prevention of Mental Ill-Health (NASP).

Prof. Wasserman has received several significant Research Awards, such as the Stengel Award for outstanding contributions in the field of suicide research and prevention , the American Foundation for Suicide Research: Distinguished Research Award, Hans-Rost-Prize, German Association for Suicide Prevention and the Nordic Public Health Prize by the Nordic Council of Ministers of Health. Today, Prof. Wasserman leads the projects "SEYLE "(Saving and Empowering Young Lives in Europe) and "WE-STAY" (Working in Europe to Stop Truancy Among Youth) and leads a Genetic Investigation of Suicide Attempt and Suicide (GISS).

These days when COVID 19 have caused already the death of 604,984 people around the world, and is a affecting our lives in multiple aspects, how do you perceive its effect on mental health and suicide specifically?

It Is known that during times of crises, such as health epidemics like the former severe acute respiratory syndrome (SARS), suicide rates may momentarily decrease. However, after the immediate crisis has passed suicide rates increase. Approximately 800.000 people die of suicide every year in the world and this number is underestimated due to various methods of monitoring and death registration as well as cultural factors. Suicide is the second leading cause of death among people aged 15-24. Stress, sleep disturbances, anxiety, depression, and worrying about the uncertain future and employment are only some aspects that impact mental well-being during and after the pandemic and that may lead to an increase in suicide rates. Therefore, suicide is of international concern, especially those days when we face the ongoing coronavirus crisis and the likely increase of suicide after this crisis will be over.

The COVID-19 pandemic affected people's lives, notably at both the society and community levels - What do you think are the main risk factors for suicide, affected by the pandemic?

There are society, community, relationships and individual suicidal behavior risk factors. All of those are likely to be affected by either the disease itself or as a result of the social and economic measures implemented in response to the pandemic. On the society level- barriers to accessing healthcare are increased, as there is more pressure on healthcare systems. Moreover, there are increased delegation of resources towards the acute response to the pandemic and there is a decreased focus on mental healthcare. In addition, there more access to suicidal means by buying and stockpiling of medication and firearms raising the risk for suicides. We see a reduction in help-seeking behavior due to containment measures, and inappropriate media reporting may also impact the perception of risks and increase the risk for suicidal behavior.

Regarding the community aspect, there is a reduction in available healthcare in areas of conflict, increased stress of acculturation and dislocation of individuals that are currently fleeing from conflicts or are staying in refugee camps through the pandemic and increased barriers to access mental health services due to containment measures and overall de-prioritization of mental health.

What do you think are the implications of the social interaction restrictions, being executed as part of the efforts of minimizing the COVID-19 spreading, on the risks for suicidal behaviors?

The social interaction restrictions may increase loneliness and increase relationship conflict and discord as additional strains are put on relationships. Isolation and lack of social support, and additional reduction in well-being of people who struggle with mental disorders are evident. Increased interpersonal violence and abuse within families or households as people are confined to their homes and have reduced opportunities to contact people outside of the home who can help are also important suicidal behaviors risk factors, being affected in this matter and that should be addressed.

Moreover, and not necessarily due to the social restrictions, but as part of the effects of COVID-19, there are many individual risk factors for suicide that are being increased. More use of alcohol, increased hopelessness through potential loss of friends and family, loss of job, and general uncertainty, worsened chronic pain through reduced care and increased stress, worsened symptoms of mental disorders and reduced treatment compliance are all being observed, and are known as risk factors that influence suicidal behavior and rates.

Are there any good implications of the COVID 19 pandemic? For example- improving some protective factors for suicide behavior?

Definitely yes. The social interaction restriction for example, may offer new opportunities such as improving relationships through new ways of connecting or having more time available to connect with the people you live with.

More awareness of self-care strategies and positive coping is evident through media and internet support, there is an increased emphasis on positive coping and more available time to practice self-care and finding new ways of improving well-being. All of these are improving problem solving, positive coping, ability to adapt, and well-being. In addition, religion, and spiritual belief, that are protective factors, are positively influenced by the increased available time for practices. Finally, physical activity has positive effects on mental health, and this is a protective and relevant factor. Although there are negative impacts on diet and decreased physical activity due to containment measures, the current situation can also increase physical activity due to individual motivation, if they are allowed to leave home for short times. On the broader level, there is an increase in government funds for health policies in general, thus providing an opportunity to strengthen mental healthcare systems and increase resources for preventive activities and programs.

What do you think governments, at national & regional levels, and public health systems can do to prevent suicide during the current COVID-19 crisis?

Suicide prevention strategies comprise population-based and healthcare-based efforts and synergistic effects are obtained when both approaches are combined. The suicide preventive interventions proven to be most effective are: (1) restriction of access to lethal means, (2) policies to reduce harmful use of alcohol (3) school-based awareness programs, (4) pharmacological and (5) psychological treatment of depression, (6) chain of care and follow-up of at-risk individuals and (7) responsible media reporting. Thus, governmental restrictions of sales of lethal means such as drugs, firearms and pesticides, and restrictions of amount of medication bought per person, safe storage of firearms and medication at warehouses and at home through public awareness and policies and Informing the public carefully about reduction of access can prevent suicide significantly. Moreover, restrictions of availability of alcohol, follow-up with individuals at risk, online tools for monitoring alcohol intake and promoting safe drinking can reduce the harmful use of alcohol. Regarding the closed schools and severely decreased presence at schools- governments can plan to resume school-based interventions as soon as schools re-open and public health care can focus on more availability of (online) resources for youth.

Responsible media reporting by existing and additional adapted guidelines to reduce sensationalizing of possible pandemic-related suicides are needed. More possible influential strategies are: increasing the access to health care by providing economical support to mental health services, developing telemedicine and digital services, and providing tools for self-care online, as well as guidance for remote assessment of mental disorders and suicide. Developing and using alternative ways of contacting patients and raising the awareness to the potential negative effects of the pandemic on mental health through media, the workplace and education are needed.

Thank you very much, anything else you want to say before we finish our interview?

Suicide is an unnecessary death and can be prevented. In order to successfully combat the likely increase of suicide after the coronavirus crisis, the implementation of these evidence-based strategies must be strengthened and accordingly actions by governments, policy makers and healthcare providers should be taken. For more information and recommendations of strategies during COVID-19 you are welcome to read my paper: Wasserman, S. (2020). Suicide Prevention During and After the COVID-19 Pandemic Evidence-Based Recommendations 2020.

Thank you so much Danuta!

The report *Suicide Prevention During and After the COVID-19 Pandemic: Evidence-Based Recommendations 2020* authored by Dr. Danuta Wasserman, provides professionals, healthcare providers, policy makers and governments an analysis of how the pandemic affects risk and protective factors of suicide. The report also offers recommendations for appropriate evidence-based preventative measures as well as an overview of the suicide rates for each country in the six World Health Organization regions.
Download it here:
https://www.wpanet.org/post/suicide-prevention-during-and-after-the-covid-19-pandemic-evidence-based-recommendations-2020

Short Crises Intervention Based on Interpersonal Psychotherapy for Suicide Prevention During the COVID-19 Outbreak: IPT-A-SCI

Prof. Anat Brunstein Klomek

COVID-19 continues to challenge all of those in the field of suicide prevention as the spread of illness, fatalities and economic breakdowns increase. In Israel there are often waiting lists for psychotherapy for at-risk adolescents even during routine times. An increase in referrals for at-risk adolescents may reach an even higher peak in the future and we should all be prepared. Studies have shown that short-term interventions among adults are effective in reducing suicide risk (e.g., Gysin-Maillart et al., 2016).

About two years ago, Professor Alan Apter and Dr. Liat Catalan initiated the first acute short-term crisis intervention for at-risk adolescents in Israel as part of the Depression Clinic at Schneider's Children Medical Center. We joined efforts when we decided that the acute intervention would be based on Interpersonal Psychotherapy for depressed adolescents (IPT-A) (Mufson et al., 2004) which was shortened to be a crisis intervention (IPT-A- Short Crises Intervention; IPT-A-SCI). The acquisition and practice of emotional, interpersonal and behavioral skills are a lifelong pursuit. The purpose of the acute crisis intervention is to reduce the risk of suicide by initiating the learning process and providing hope that each individual can improve his/her ability to cope. Even if we cannot change an adolescent's reality, we can provide hope by teaching adolescents to define their problems and challenges and learn how to manage them more successfully.

The acute crisis intervention includes five sessions with the adolescents. Parents are always included in the first and last sessions and are invited to join the middle sessions as needed. We prefer to have the parents involved as much as possible. The first session includes a review of the adolescent's depression symptoms, suicide risk assessment, psychoeducation (about depression, suicide and IPT-ASP), chain analysis and formulation of a safety plan with the adolescents and parents (Stanley & Brown, 2012). The second session includes closeness circles and a shortened interpersonal inventory which leads to the formulation of the interpersonal problem area (i.e., grief, interpersonal disputes, role transitions, deficits in interpersonal skills). The idea of defining the problem area is to focus on the main issue which is related to depression and suicide risk. The therapists in this session contact the school. Sessions three and four focus generally on learning and practicing emotional, interpersonal, and behavioral skills.

These can include affective skills such as emotion regulation, communication analysis to identify non-adaptive communication behaviors and learn new adaptive interpersonal skills, and decision analysis which is a technique to help adolescents deal with interpersonal problems and decision-making. These are done using role play and interpersonal experiments between the sessions. The fifth and last session of this short intervention includes a summary of the skills learned, relapse prevention, suicide risk assessment, review of the safety plan and referral for future treatment if needed. Hopefully, at this point the adolescent can be referred to future treatment when he or she is at a lower level of risk and there is a road map for the next treatment. Follow-up emails are sent as a general email from the clinic to ask the adolescents and parents how they feel, remind them to use the safety plan and invite them to contact the clinic if needed. We are currently conducting an initial study in collaboration with Dr. Shira Barzilay on this intervention and the results appear promising but have not yet been published.

This IPT-A-based short crises intervention for suicidal adolescents sprang from the need for an immediate response to a very short-term intervention. Similar needs are currently prevalent due to COVID-19, such as anxiety, trauma and so on. The current intervention can be easily adapted to be used with other populations and settings. Obviously, this intervention should not replace long-term psychotherapy, but it may provide support in times of crisis and may prevent suicide.

Gysin-Maillart, A., Schwab, S., Soravia, L., et al. (2016). A Novel Brief Therapy for Patients Who Attempt Suicide: A 24-months Follow-Up Randomized Controlled Study of the Attempted Suicide Short Intervention Program (ASSIP). (2016). PLOS Medicine. https://doi.org/10.1371/journal.pmed.1001968

Mufson, L., Pollack Dorta, K., Moreau, D., & Weissman, M. M. (2004). *Interpersonal psychotherapy for depressed adolescents* (2nd ed.). New York, NY: Guilford Publications, Inc.

Stanley, B., Brown, G. (2012). Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. Cognitive and Behavioral Practice, 19, 256-164. https://doi.org/10.1016/j.cbpra.2011.01.001

International COVID-19 Suicide Prevention Research Collaboration (ICSPRC)

At the time of writing COVID-19 has infected more than 25 million people worldwide and claimed more than 800,00 lives. People's lives and livelihoods have been affected across the globe.

In response to widespread concerns about the impact of the COVID-19 pandemic on suicide and suicidal behaviour an international group of suicide prevention researchers and charities from around 30 countries have formed the International COVID-19 suicide prevention research collaboration (ICSPRC) and pooled thinking on prevention and research priorities. **https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext**[DG1] .

Our aim is to enhance good quality collaborative research on the prevention and management of suicide and suicidal behaviours in relation to the pandemic. In order to maximise the societal impact of research the ICSPRC is working in partnership and collaboration with the International Association for Suicide Prevention (IASP) as well as other leading suicide prevention organisations – International Academy of Suicide Research (IASR), American Foundation for Suicide Prevention (AFSP) and Samaritans.

Our initiatives to date include:

- A Covid-19 suicide research study register **https://www.iasp.info/covid-19/covid-19-suicide-research-studies/** We encourage all researchers working on COVID-19 related studies of suicide and suicidal behaviour to share detail to facilitate collaboration **https://www.iasp.info/covid-19/covid-19-suicide-research-studies-register/**
- An editorial in Crisis summarising research considerations in relation to Covid-19
- A planned series of webinars on COVID-19 related research
- Advice on questions / survey tools relevant to suicide prevention research in relation to COVID-19.
- Plans to pool data from around the world on the impact of COVID-19 on suicide and suicidal behaviour

We hope the establishment of the ICSPRC, and new knowledge arising from the collaboration, will be an important contribution to the effort to reduce the impact of COVID-19 on mental health and suicide risk globally. We invite suicide researchers, particularly from regions currently not represented, to get in touch.
For more information please see the collaboration website https://www.iasp.info/COVID-19_suicide_research.php.
David Gunnell (group chair)

ICSPRC International COVID-19 Suicide Prevention Research Collaboration

COVID-19 Mental Health and Suicide Prevention Key Messages

These key messages were developed by the Action Alliance's Media Messaging Workgroup (MMWG)—a collaboration of nearly 20 mental health and suicide prevention partners and federal agencies—in response to the current pandemic. We encourage use of the below guidance when publicly messaging about suicide prevention and/or mental health during and in the aftermath of COVID-19 so to help ensure our messaging is effective, reliable, and consistent. As the current pandemic evolves, these key messages will continue to be updated to reflect any necessary changes.

For more details, please visit:
https://theactionalliance.org/covid-19/messaging/key_messages

Key Message #1:

Acting *now* can help to prevent negative mental health impacts of the pandemic.

Key Message #2:
Social connectedness is key, and *all* Americans can play a role in supporting others

Key Message #3:
While there is *no* conclusive data to indicate that suicide rates have risen as a result of COVID-19, we *do* know many Americans are experiencing impacts on their mental and emotional well-being, and issues such as job loss, financial strain, and social isolation are all risks factors for suicide.

Key Message #4:
Help *is* available for those who may be experiencing a mental health or suicidal crisis.

Key Message #5:
When discussing data, especially data related to call and text volumes for crisis services, include the appropriate *timeframe* and *context*.

Key Message #6:
Virtual health care support services, like telehealth, *are* available for those looking to access behavioral health care.

Key Message #7:
Even in normal circumstances, those working in health care delivery experience stress, anxiety, and burnout; but the COVID-19 pandemic is *exacerbating* these issues with many also experiencing compassion fatigue, fear for their own physical health, and trauma.

Recent studies investigating suicide and suicidal behavior in the *Archives of Suicide Research* Journal

What's the harm in asking? A systematic review and meta-analysis on the risks of asking about suicide-related behaviors and self-harm with quality appraisal

Christine Polihronis, Paula Cloutier,Jaskiran Kaur,Robin Skinner & Mario Cappelli

Research emphasizes the importance of asking about suicidality. Unfortunately, misperceptions of harm remain which can compromise clinical care, research, and public health surveillance efforts. Our objective was to evaluate the empirical evidence on whether and how asking about suicide related behaviors (SRB), such as suicidal ideation and suicide attempts, and non-suicidal self-injury (NSSI) results in harmful outcomes. We reviewed and rated seventeen studies and conducted a systematic review and random-effects meta-analysis on eight studies comparing those asked vs. not asked on immediate and later SRB, NSSI, and psychological distress (PD). Forest plots demonstrated no statistically significant effects of asking on SRB, NSSI, or PD. Eight RCTs provided the strongest evidence and demonstrated either low or unclear risk of bias, and the remaining cohort studies were of low to moderate quality. With the current available evidence, we found no harmful outcomes of asking, however more RCTs with a low risk of bias are required to firmly conclude that asking through self-report and interview methods does not further exacerbate distress, SRB and NSSI compared to those not asked.

Suicide Death Rate after Disasters: A Meta-Analysis Study

Hamid Safarpour ,Sanaz Sohrabizadeh, Leila Malekyan, Meysam Safi-Keykaleh, Davoud Pirani, Salman Daliri & Jafar Bazyar

Background
Disasters have undesirable effects on health among individuals such as psychosocial disorders which may lead lead to suicide in some cases. Thus, the present study aimed to measure the rate of suicide death after disasters all over the world.
Methods
In the present meta-analysis study, all of the articles published in English until the end of 2019 were probed in electronic databases such as Web of Science, PubMed, Cochrane Library, Science Direct, PsycINFO, PsycARTICLES, and Google Scholar. Then, the data were imported to STATA ver.13 software and analyzed through fixed- and random-effects models, meta-regression, and Cochrane statistical tests.
Results
A total of 11 studies including a sample size of 65495867 were considered. Suicide death rates before and after the disasters were calculated as 13.61 (CI95%: 11.59−15.77) vs. 16.68 (CI95%: 14.5–19:0) among the whole population, 28.36 (CI 95%:11.29−45.43) vs. 32.17 (CI95%: 17.71–46.62) among men, and 12.71 (CI95%: 5.98−19.44) vs 12.69 (CI95%: 5.17−20.21) among women. The rate of suicide death significantly increased in the whole population and men, while no significant difference was reported among women.
Conclusion
Suicide death rate increases after disasters indicating the destructive impact of this phenomenon on peoples' health. Therefore, implementing supportive and interventional measures is highly suggested after disasters in order to prevent suicide death among the affected people.

Are Clinicians Confident in the Risk Assessment of Suicide?: A Systematic Literature Review

Nicola D. Airey & Zaffer Iqbal

Suicide reduction is recognized as a vital focus for mental health clinicians. Clinician confidence to undertake suicide risk assessment, though poorly understood, appears related to job performance, though overconfidence has also been evident in clinical practice. A systematic literature search was undertaken on PSYCinfo and MEDLINE using the terms: *suicide risk assessment, confidence, clinician.* Of 192 papers identified, 10 articles were deemed pertinent. These for the most part suggested clinician confidence above the 50% chance level though statistical evidence was lacking for all but two. The literature fails to provide sufficient and objective evidence of the impact of clinician confidence in practice. Recommendations are provided for future research.

13 Reasons Why: Perceptions and Correlates of Media Influence in Psychiatrically Hospitalized Adolescents

Jacqueline Nesi, Sarah E. Johnson, Melanie Altemus, Heather M. Thibeau, Jeffrey Hunt & Jennifer C. Wolff

Objective: The Netflix series *13 Reasons Why* (*13RW*) has sparked controversy due to graphic depictions of youth suicide, bullying, and sexual assault. However, further research is needed examining experiences of the show among youth with psychiatric illness. This exploratory, mixed-methods study examines adolescents' perceptions of *13RW* and associations among viewership, suicide-related media influence processes, and self-injurious thoughts and behaviors (SITBs). **Method:** Participants were 242 adolescents hospitalized in a psychiatric inpatient facility; 60.7% female, 30.2% male, 9.1% other genders; ages 11 to 18; and 74.3% White, 7.5% Black, and 21.8% Hispanic. Participants completed measures of series viewership, media message processing, and SITBs. Participants who watched completed open-ended questions regarding beliefs and opinions about the series. **Results:** In all, 50.4% of participants watched *13RW*, with girls (63.3%) more likely to have watched than boys (26.0%). More than half (55.9%) of youth expressed negative reactions to the show, while approximately one-third (33.8%) expressed positive reactions. Having watched the series was associated with greater likelihood of past-year non-suicidal self-injury (NSSI), but not with suicidal ideation or past-year suicide attempts. Youth's interpretation of media messages in *13RW*, including greater identification with and perceived likeability of the main character, were associated with suicidal ideation and past-year NSSI. **Conclusions:** Findings suggest high rates of *13RW* viewership among psychiatrically hospitalized youth, particularly girls, and provide insight into factors that may affect youths' vulnerability to suicide-related media effects.