Suicide Risk Factors

For a comprehensive document on assessing and preventing suicidal behavior read "Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors" published at http://www.psych.org/psych_pract/treatg/pg/pg_suicidalbehaviors.pdf. I'd also recommend the multiple articles at www.sprc.org. There are special articles dealing with targeted populations (e.g. teens).

APA (http://www.apa.org/monitor/feb00/suicide.html)
See Professional Psychology Vol. 30, No. 6, p. 576-580. Researchers reviewed the risk factors literature and sent out a survey to 500 practicing psychologists with 48 identified risk factors to rate on 9 point Likert scale from "unimportant" to "critical". The following eight risk factors were considered the most important:

- The medical seriousness of previous attempts
- History of suicide attempts
- Acute suicidal ideation
- Severe hopelessness
- Attraction to death
- Family history of suicide
- Acute overuse of alcohol
- Loss/separations

Suicide Prevention Resource Center (http://www.sprc.org) identifies the following risk factors:

Biopsychosocial Risk Factors

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental Risk Factors

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Socialcultural Risk Factors

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment

- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide

Protective Factors for Suicide

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation

Therapeutic Response

If someone appears to be threatening suicide, the American Association for Suicidology (AAS) recommends that you:

- **$** Be direct. Talk openly and matter-of-factly about suicide.
- **$** Be willing to listen. Allow expression of feelings. Accept the feelings.
- **$** Be non-judgmental. Don't debate whether suicide is right or wrong.
- **$** Be available, and show interest and support.
- **$** Don't dare him or her to commit suicide.
- **$** Don't act shocked.
- **$** Don't be sworn to secrecy.
- **$** Offer hope that alternatives are available, but do not offer glib reassurances.
- **$** Take action to remove means, such as guns or stockpiled pills.
- **$** Get help from persons or agencies specializing in crisis intervention or suicide prevention.

The following therapeutic tasks are identified in the "Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors":

- Identify specific signs and symptoms
- Assess past suicidal behaviors, including intent of self-injurious acts
- Review past treatment history and treatment relationships
- Identify family history of suicide, mental illness, and dysfunction
- Identify current psychosocial situation and nature of crisis
- Appreciate the psychological strengths and vulnerabilities of the individual patient
- Elicit the presence or absence of suicidal ideation
- Elicit the presence or absence of suicidal plan
- Assess the degree of suicidality, including suicidal intent and lethality of plan

Questions That May Be Helpful in Inquiring About Specific Aspects of Suicidal Thoughts, Plans, and Behaviors

Begin with questions that address the patient's feelings about living

Have you ever felt that life was not worth living?

Did you ever wish you could go to sleep and just not wake up?

Follow up with specific questions that ask about thoughts of death, self-harm, or suicide

Is death something you've thought about recently?

Have things ever reached the point that you've thought of harming yourself?

For individuals who have thoughts of self-harm or suicide

When did you first notice such thoughts?

What led up to the thoughts (e.g., interpersonal and psychosocial precipitants, including real or imagined losses; specific symptoms such as mood changes, anhedonia, hopelessness, anxiety, agitation, psychosis)?

How often have those thoughts occurred (including frequency, obsessional quality, controllability)?

How close have you come to acting on those thoughts?

How likely do you think it is that you will act on them in the future?

Have you ever started to harm (or kill) yourself but stopped before doing something (e.g., holding knife or gun to your body but stopping before acting, going to edge of bridge but not jumping)?

What do you envision happening if you actually killed yourself (e.g., escape, reunion with significant other, rebirth, reactions of others)?

Have you made a specific plan to harm or kill yourself? (If so, what does the plan include?)

Do you have guns or other weapons available to you?

Have you made any particular preparations (e.g., purchasing specific items, writing a note or a will, making financial arrangements, taking steps to avoid discovery, rehearsing the plan)?

Have you spoken to anyone about your plans?

How does the future look to you?

What things would lead you to feel more (or less) hopeful about the future (e.g., treatment, reconciliation of relationship, resolution of stressors)?

What things would make it more (or less) likely that you would try to kill yourself?

What things in your life would lead you to want to escape from life or be dead?

What things in your life make you want to go on living?

If you began to have thoughts of harming or killing yourself again, what would you do?

For individuals who have attempted suicide or engaged in self-damaging action(s), parallel questions to those in the previous section can address the prior attempt(s). Additional questions can be asked in general terms or can refer to the specific method used and may include:

Can you describe what happened (e.g., circumstances, precipitants, view of future, use of alcohol or other substances, method, intent, seriousness of injury)?

What thoughts were you having beforehand that led up to the attempt?

What did you think would happen (e.g., going to sleep versus injury versus dying, getting a reaction out of a particular person)?

Were other people present at the time?

Did you seek help afterward yourself, or did someone get help for you?

Had you planned to be discovered, or were you found accidentally?

How did you feel afterward (e.g., relief versus regret at being alive)?

Did you receive treatment afterward (e.g., medical versus psychiatric, emergency department versus inpatient versus outpatient)?

Has your view of things changed, or is anything different for you since the attempt?

Are there other times in the past when you've tried to harm (or kill) yourself?

For individuals with repeated suicidal thoughts or attempts

About how often have you tried to harm (or kill) yourself?
When was the most recent time?
Can you describe your thoughts at the time that you were thinking most seriously about suicide?
When was your most serious attempt at harming or killing yourself?
What led up to it, and what happened afterward?
For individuals with psychosis, ask specifically about hallucinations and delusions
Can you describe the voices (e.g., single versus multiple, male versus female, internal versus external, recognizable versus non-recognizable)?
What do the voices say (e.g., positive remarks versus negative remarks versus threats)? (If the remarks are commands, determine if they are for harmless versus harmful acts; ask for examples.)
How do you cope with (or respond to) the voices?
Have you ever done what the voices ask you to do? (What led you to obey the voices? If you tried to resist them, what made it difficult?)
Have there been times when the voices told you to hurt or kill yourself? (How often? What happened?)
Are you worried about having a serious illness or that your body is rotting?
Are you concerned about your financial situation even when others tell you there's nothing to worry about?
Are there things that you've been feeling guilty about or blaming yourself for?
Consider assessing the patient's potential to harm others in addition to him- or herself
Are there others who you think may be responsible for what you're experiencing (e.g., persecutory ideas, passivity experiences)? Are you having any thoughts of harming them?
Are there other people you would want to die with you?
Are there others who you think would be unable to go on without you?

Comprehensive Emergency Plan

- Consider criteria for involuntary hospitalization
- Offer voluntary hospitalization
- Offer referral for medication and/or adjustment of medication
- Offer increased counseling sessions
- Offer emergency contact numbers and back up numbers
- Contract for non-suicide
- Arrange for contact with client in between counseling sessions
- Structure activities and contacts with others

Whom to Call in Nashville

Suicide Hotline: 1-800-SUICIDE (784-2433)

Tennessee Suicide Prevention Network, Crisis Line: (615) 244-7444

Scott Ridgway, Director
P. O. Box 40752
Nashville, TN 37204
(615) 298-3359 work
(615) 383-9714 fax
Web Site: Tennessee Suicide Prevention Network
e-mail: sridgwaytn@aol.com

Davidson County Mobile Crisis: (615) 726-0125

Williamson County Mobile Crisis 800.704.2651, **Mental Health Center** 794.9973

TN Statewide Hotline: 1-800-372-0693