RISK FACTORS

Many Risk Factors for Suicide Impact Individuals and Are Independent of a Psychiatric Diagnosis:



ENVIRONMENTAL

Life Events and Social Support



DEMOGRAPHIC

Gender – Age – Race - Ethnicity



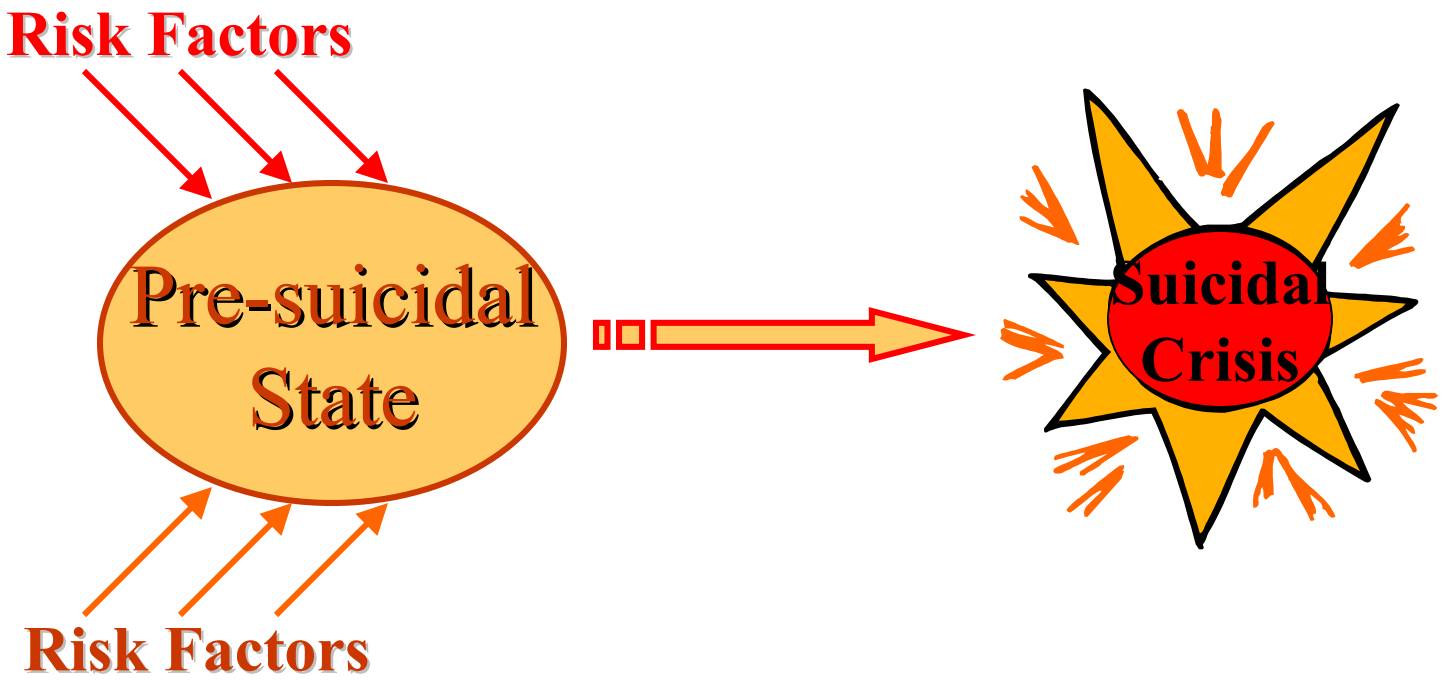
BEHAVIORAL

Cognitive Content

Affect

General Behavior

In practice, prediction of suicide is as much art as science!



ENVIRONMENTAL

Risk for Suicide ↑ with the presence of:

LIFE EVENTS:

Recent Losses

Discharge from psychiatric inpatient unit



SOCIAL SUPPORT:

Unemployment

Unmarried

Low Interpersonal Contact/Lives Alone



MODELS:

Family Suicide Rate Higher

Publicity about Suicide of Others



RISK FACTORS

DEMOGRAPHIC

Risk for Suicide ↑ with the factors of:

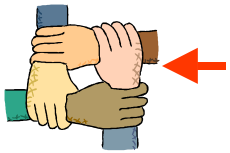
GENDER: **Increases if male**



AGE: **Increases with Age**



RACE: **Increases if Caucasian**



EDUCATION: **Increases with Education**



RISK FACTORS

BEHAVIORAL

Risk for Suicide ↑ with the presence of:

COGNITIVE CONTENT:

Suicidal Ideation - thoughts about killing oneself

PHYSIOLOGICAL:

Poor Health - Recent Illness, Injury

AFFECTIVE:

Hopelessness, helplessness, haplessness

INTERPERSONAL:

Low Social Involvement

Strained relationships with others

MISCELLANEOUS:

Increase in Substance Abuse
Previous Suicide Attempts

Putting life in order and giving away prized possessions

RISK FACTORS

PSYCHIATRIC ASPECTS OF SUICIDAL BEHAVIOR

Depression:

Most frequent diagnosis in suicide is Major Depression (40-60%)

Suicide risk is strongly related to a treatment history of depression

(Simon & Von Korff, 1998)

Depression was found in 29-88% of all suicides in a 40 year autopsy study

(Hawton et al, 1998)

Substance Abuse:

Substance Abuse is found in 25-55% of all suicides.

Alcoholism is second to Depression as a Psychiatric Contributor to Suicide.

Depression and Substance Abuse together form a lethal combination.
Treating depression is the strongest intervention in impacting suicide

RISK FACTORS

PSYCHIATRIC ASPECTS OF SUICIDAL BEHAVIOR

Schizophrenia:

It is estimated that 10% of all schizophrenic patients kill themselves

(De Hert and Peuskens, 1998)

The risk is highest for male patients living in social isolation, without a partner or a job, family history of suicide, past attempts, major negative life events, and chronic physical illness. They tend to use violent, lethal means to commit suicide.

(Barraclough et al, 1974)

Character Disorders:

Young adult males with a past history of violent criminal behavior are not only at risk for committing violence against others but also are at risk for committing suicide. When violence becomes a problem solving method in an individual's repertoire of coping behaviors, the risk that someone will use violence in the future significantly increases.

Difficulties with Assessment

- Numerous factors are associated with suicide risk:
  - interpersonal - e.g. arguments with or loss of significant others etc.
  - situational - e.g. job loss, eviction etc.
  - personal - e.g. physical illness, psychopathology
  - demographic - age, gender, ethnicity etc.
- What are the most critical factors?
- What information is available to workers?

Difficulties with Assessment

- Some risks are more critical than others:
  - A young African American woman (low demographic risk) who recently lost her child and has thought about suicide and how she might kill herself is probably at high risk.
  - A 55 year old white male widower (high demographic risk) who has no suicidal ideation, no symptoms of depression, and no recent negative life events is probably at low risk for suicide.

Difficulties with Assessment

- Demographic factors alone are probably least predictive of suicide.
- Suicidal ideation along with a carefully thought out plan is a high risk factor even in the absence of other risk factors.
- Depression or schizophrenia is a high enough risk factor that workers must explore thoughts about suicide.
- Risk of suicide is a judgment or conclusion reached after exploring many factors.

RISK FACTORS

SAD PERSONS ACRONYM

S= Sex - Males at higher risk than females
A= Age - Late adolescence and elderly have highest risk
D= Depression

P= Previous suicide attempt(s)
E= Ethanol abuse - increase in alcohol consumption
R= Rational thinking vanishes - irrational decisions
S= Social supports lacking - no friends or family
O= Organized plan of self harm
N= No spouse or significant other - recent divorce, break-up
S= Sickness - serious accidents, illness, health problems

RISK FACTORS

Weighing Risk with Limited Data

- Read the following four case vignettes and decide how risky each case may be: Case Example 1
- **High Risk** **Moderate Risk** **Low Risk**
  - It is your day to cover intake at a Family Service Agency. Two sisters call in about their 55 y.o., widowed father who lives alone. He was recently laid off from his job, and he has begun to drink more heavily (6 pack/day). Yesterday he threatened to kill himself with his shot gun on his next birthday - which is tomorrow.

RISK FACTORS

Weighing Risk with Limited Data

- Case Example 2:
- **High Risk** **Moderate Risk** **Low Risk**
  - You are covering intake at a community mental health center. A physician in general practice calls about a 40 y.o. woman in his office who seems depressed. She has been an alcoholic for about 15 years, has been divorced 3 times, and takes sleeping pills to help her sleep at night. She is now asking him for an unusually large prescription. This woman had a hysterectomy last year and states that she does not care whether she lives or dies.

RISK FACTORS

Weighing Risk with Limited Data

- Case Example 3:
- **High Risk** **Moderate Risk** **Low Risk**
  - You are a social worker in a pediatric unit of a general hospital. Your 22 y.o. female secretary returns from a two day sick leave and you notice a miniature band-aid on her wrist. You ask how she is feeling and she bursts into tears. She explains that she cut her wrist two days ago after she and her boyfriend had a "big fight." She wants to get married, and he wants to wait. He has moved out until she "gets her act together." She is still upset and has been staying with a girlfriend.

RISK FACTORS

Weighing Risk with Limited Data

- Case Example 4:
- **High Risk** **Moderate Risk** **Low Risk**
  - You are a social worker at Traveler's Aid at metro airport. You notice a commotion at one of the security gates. The guards are wrestling with a middle aged woman who is shouting: "I'm the angel of death!" The guards have removed a gun and a hand grenade from her purse. You recall that she was at the Mutual of Omaha vending machine purchasing flight insurance before approaching the gate.

RISK FACTORS

Feedback about Case Examples:

- Case Example 1: **High Risk**
  - Demographics, recent life events, suicidal ideation, substance abuse, lethal plan
- Case Example 2: **Moderate Risk**
  - Chronic depression and alcoholism - need more info
- Case Example 3: **Low Risk**
  - Modal attempter - non lethal (manipulative) gesture
- Case Example 4: **High Risk**
  - Probably psychotic, highly lethal method and plan

SUMMARY

•**Environmental** Risk Factors that increase the potential of suicide are despairing life events, absence of social support, and family models of suicide
•**Demographic** Risks are male *gender*, increased *age*, caucasion *race*, & education
•**Behavioral** Risk Factors are suicidal ideation, hopelessness, helplessness, haplessness, poor health, low social involvement, past suicide attempts, and putting life in order
•**Psychopathological** risks are depression, substance abuse and schizophrenia
•In **weighing risk** with limited data, we must ask:
•1. **What are the most critical factors?** (some risk factors are more critical than others)
•2. **What information is available?** (in practice a worker rarely has ALL the information that is desirable to make an informed decision).

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