

Assessing the Risk for Suicide

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In the state of Wisconsin, suicide is the 8th leading cause of death. It is the second leading cause of death for those between 15 and 24 and those over 65. During the year 2000, in the state of Wisconsin, 52 % of suicides were committed by firearms. There is no one predictor of suicide, therefore assessment of risk and prevention are the key to managing the risk of suicide.

Common Risk Factors

- **Gender:** White males have the highest rate of suicide.
- **Age:** The risk is 4 times greater for the elderly, especially men over age 75.
- **Family History:** The child of a person who attempts suicide has 6 times the average risk of committing suicide.
- **History of Mental Illness:** 95% had a history of Axis I mental illness.
- **Hospitalization and Entrance into Treatment Programs:** Those who have been hospitalized for mental illness and/or those who are currently in treatment programs are at a greater risk for committing suicide.
- **Time of Year:** Violent suicide peaks in March-April for young people, college students; August for the elderly. Contrary to popular belief, it drops for all groups in December and January.
- **Natural Disasters:** Suicide rates increase 63% in the year following an earthquake; 14% for four years following a flood; 31% for two years following a hurricane.
- **The Media:** There is an increase in suicide when the number of media stories about individual suicides increases. It increases when a particular death by suicide is reported many times. It increases when a suicide story is a headline and also if the story is presented in a dramatic way. It is important for the media to discourage readers from identifying with the victim, not describe the method in detail, not dramatize or romanticize the event and not have adolescents share their stories of suicide attempts.

Assessing the Risk for Suicide

1. Listen

What clues is the patient giving you?

- Do they have multiple physical complaints with an increase in headache, stomachaches, insomnia or increased sleep
- Slow or agitated behaviors
- Fatigue, loss of energy, a decrease in concentration and ability to make decisions
- Has the patient experienced any losses or life changing events whether it is the death of a loved one, loss of employment, change in employment, decrease or increase in economic situation, moving, divorce, birth of baby, etc. - explore how the patient perceives the change
- Is the patient reporting thoughts of suicide, feelings of guilt, low self-worth, continued feelings of sadness or hopelessness, loss of pleasure or interests that were once enjoyable?

- Have there been behavioral changes such as:
 - Change in drinking or eating habits
 - Reports of withdrawing socially, an increase in isolation, giving things away, violent or abusive behaviors
 - Persistent thoughts of suicide
 - Sudden report of feeling better

2. Ask

Ask directly about the intent to do harm. Use practical and specific terms like:

- “Have you had thoughts of wanting to harm yourself?”
- “Tell me about how bad things are for you?”
- “How close have you come to actually ending your life?”
- “How much time do you think about suicide during the course of a day or a week and for how long have you been thinking about suicide?”
- “Are you making plans now to end your life?”
- “How would you feel about not dying?”

If you have the opportunity to ask your patient’s parent or loved one what they have noticed, take into consideration what they have to say as well. Ask if there are firearms in the house. Also know that those close to your patient may see it as a problem but may also minimize or deny the potential for risk.

If a patient has specific plans to suicide the risk is greater. Is the means reversible and does the person understand the finality of death? Adolescents are more impulsive and can often act without a plan. How available is the proposed method? The more available the means, the higher the risk. The greater the distance from rescue measured in physical, geographic and emotional terms, the higher the risk as well.

3. Be Prepared

Know your resources. Have the numbers of your local emergency room, psychiatric hospital or mental health providers ready for back up and further assessment. Don’t let your patient leave your office without a plan to seek further help. Elicit the help of family, friends or police to ensure safety. Follow-up and make sure that your patient follows through with the safety plan.

Suicide is not always preventable but assessing risk is possible if the patient presents with known risk factors.

Resources

Mays, David. *Suicide: Risk Assessment and Risk Management Clinician’s Update Series*, 2003.
 Shea, Shawn. *The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors*. New York, NY, John Wiley & Sons, Inc., 1999

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