

Figure 16.1. Protective and Risk Factors for Suicide. Data from U.S. Department of Health and Human Services Office of the Surgeon General and National Alliance for Suicide Prevention (2012).

### **Protective Factors for Suicide**

- Effective treatment for medical problems, mental health disorders and substance-related problems
- Ready access clinical care and support for seeking help
- Limited access to means of suicide
- Strong support from family and community
- Support from medical and mental health providers
- Effective skills solving problems and resolving interpersonal conflicts
- Cultural norms and religious beliefs that do not accept suicide as a means of dealing with problems and suffering

### **Risk Factors for Suicide**

#### **Biopsychosocial**

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Substance use disorders
- Feelings of hopelessness
- History of impulsive or aggressive tendencies
- Past trauma or history of abuse
- Major physical illnesses
- Previous suicide attempt (multiple attempts significantly increases risk)

- History of family member suicide

**Environmental**

- Job loss or significant financial difficulty
- Loss of significant relationship or social support
- Ready access to means of suicide
- Local suicides that have a contagious influence

**Sociocultural**

- Poor social support and feelings of being isolated
- Perceptions of stigma (real or imagined) with seeking help
- Poor access to mental health and substance abuse treatment services
- Cultural and/or religious beliefs which are accepting of suicide as a means of resolving problems and suffering
- Exposure to death by suicide, including through the media

Figure 16.2. Suicide Risk Assessment Format

Frequency of suicidal thoughts – rare, occasional, frequent, constant
During of suicidal thoughts – fleeting ideas, several minutes, extended rumination, obsession
Intensity of suicidal thoughts –easily dismissed, serious consideration, intrusive and pervasive
Intent to act on suicidal thoughts—none, sometimes, current, intent sometime in the future, current desire/plan to act on suicidal thoughts
Meaning of suicidal thoughts—particular focus should be given to thoughts of perceived “burdensomeness” on others and sense of hopelessness
Plans for attempting suicide—ask about all plans the patient has considered. Some patients will reveal some plans they have considered but will conceal alternate plans as a backup.
Means—assess whether the patient has access to means they have considered (e.g., firearms, pills, a high place from which to jump, etc.); ask about access to multiple means.
Overt presuicidal behavior—talking about suicide, rehearsal behaviors, visiting places to attempt suicide (e.g., a bridge or tall building), writing a suicide note, etc.
Past suicide attempts—a history of suicide attempts is one of the best predictors of future suicide attempt— a history of multiple suicide attempts elevates risk significantly.
History of impulsivity
Psychosocial stressors—financial problems, legal issues, relationship difficulties, significant losses
Substance use and abuse
Age: Risk escalates with age, particularly after age 45
Sex: Risk greater for males
Previous psychiatric diagnosis
History of family suicide
History of physical, emotional, or sexual abuse
History of other trauma
Recent loss—death of a friend or family member, loss of a pet, job loss, divorce/relationship breakup
Protective factors--social support, evidence of past problem solving, and investment in current treatment

## Crisis Response Planning Worksheet

In the past, what events, thoughts, and feelings have precipitated suicidal thoughts and behaviors?

Events:

Thoughts:

Feelings:

In the past, what activities have been helpful in reducing negative thoughts and feelings? What has been the result of engaging in these activities?

Activity

Result

-  
-  
-  
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What are some thoughts that have been helpful in reducing distress?

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-  
-  
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Who is the best source of emotional support?

What behaviors should be avoided?

What lethal means are available?

What steps should be taken to limit access to these means?

What are the best resources to use in case of emergency (i.e., strong suicidal thoughts and intent)?

Daytime contact number?

Suicide hotline number?

Location of emergency department?

Who to call for help getting in emergency department?

FIGURE 16.3. Crisis response planning worksheet.

## Resources for Patients With Suicidal Ideation: Websites and Mobile Applications

Type	Location	Description
Websites	<p><b>The National Suicide Prevention Lifeline</b>  <a href="http://www.suicidepreventionlifeline.org">http://www.suicidepreventionlifeline.org</a></p> <p><b>The American Association for Suicidology (AAS)</b>  <a href="http://www.suicidology.org">http://www.suicidology.org</a></p>	<p>The Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress.</p> <p>AAS leads the advancement of suicide prevention through research, education, and training; the development of standards and resources for professionals and the public; and survivor support services.</p>
Mobile applications	<p><b>Substance Abuse and Mental Health Services Administration (SAMHSA)</b>  <a href="http://www.samhsa.gov">http://www.samhsa.gov</a></p> <p><b>The Suicide Safe: The Suicide Prevention App for Health Care Providers</b>  <a href="http://store.samhsa.gov/apps/suicidesafe/">http://store.samhsa.gov/apps/suicidesafe/</a>, Google Play and the iTunes Store.</p> <p><b>The Virtual Hope Box</b>  <a href="http://t2health.dcoe.mil/apps/virtual-hope-box">http://t2health.dcoe.mil/apps/virtual-hope-box</a>, Google Play and iTunes Store</p>	<p>SAMHSA provides numerous publications and resources for understanding and managing suicidal risk and behavior.</p> <p>This mobile app was developed by SAMHSA for health care providers. The Suicide Safe</p> <ul style="list-style-type: none"> <li>▪ helps providers learn how to use an approach for managing suicide risk called the “SAFE-T approach.”</li> <li>▪ offers sample case studies, provides information such as crisis lines, fact sheets, educational opportunities, and treatment resources.</li> <li>▪ suggests tips for talking with patients regarding suicide and possible intervention.</li> <li>▪ assists in locating treatment options and referrals.</li> </ul> <p>The Virtual Hope Box (VHB) is a free mobile application for smartphones or tablets developed by the National Center for Telehealth and Technology (T2), a U.S. Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury. It is designed to help patients use healthy coping skills and facilitate emotional regulation. It is best used with guidance from providers. Patients can add individually tailored content into various sections of the app, such as family photos, videos and recorded messages from friends and family, inspirational quotations, soothing music, reminders of previous successes and positive life experiences, future goals, and statements about their worth. The app also contains areas for positive activity planning, distraction tools, and relaxation exercises.</p>

FIGURE 16.4. Resources for patients with suicidal ideation: websites and mobile applications.

## EXHIBIT 16.1

### Suicide Screening Tools Recommended by SAMHSA

- The Columbia-Suicide Severity Rating Scale (C-SSRS) is a brief questionnaire used for suicide assessment. Is available in several versions, including a lifetime/recent version, a screener version, since-last-visit versions, and versions tailored for specific populations (pediatrics, military, etc.). It is available at <http://www.cssrs.columbia.edu>.
- Suicide Behaviors Questionnaire—Revised (SBQ-R) is a four-item screening tool that assesses suicide-related thoughts and behavior. It is available at <http://www.integration.samhsa.gov/images/res/SBQ.pdf>.
- The Patient Health Questionnaire (PHQ-9) is a nine-question screening tool to identify depression. It is designed to be used in primary care settings and question 9 (“In the past two weeks, have you had thoughts that you would be better off dead, or of hurting yourself?”) screens for suicide. It is available at <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf> or <http://www.phqscreeners.com>.

*Note.* SAMHSA = Substance Abuse and Mental Health Services Administration.

## EXHIBIT 16.2

### Suicide Risk Assessment Components

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- Frequency of suicidal thoughts
  - Duration of suicidal thoughts
  - Intensity of suicidal thoughts
  - Intent to act on suicidal thoughts
  - Desire/plan to act on suicidal thoughts
  - Meaning of suicidal thoughts; particular focus should be given to thoughts of perceived “burdensomeness” on others and sense of hopelessness
  - Plans for attempting suicide
  - Means and assess to means they have considered
  - Overt presuicidal behavior: talking about suicide, rehearsal behaviors, visiting places to attempt suicide, writing a suicide note, etc.
  - Past suicide attempts (history of multiple suicide attempts elevates risk significantly)
  - History of impulsivity
  - Psychosocial stressors—financial problems, legal issues, relationship difficulties, job difficulties
  - Substance use and abuse
  - Age: Risk escalates with age, particularly after age 45
  - Sex: Risk is greater for males
  - Previous psychiatric diagnosis
  - History of family suicide
  - History of physical, emotional, or sexual abuse
  - History of other trauma
  - Recent loss: death of a friend/family member, job loss, divorce/relationship breakup
  - Protective factors: social support, evidence of past problem solving, and investment in current treatment
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## EXHIBIT 16.3

### Crisis Response Plan

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When I have suicidal thoughts of any kind or any intensity, I will proceed through the following steps until I no longer feel suicidal.

1. Listen to classical music on my cell phone.
  2. Take a walk.
  3. Take a shower.
  4. Call my friend Joe and talk about sports to distract myself.
  5. Call the suicide hotline at 1-800-SUICIDE.
  6. Go to the emergency room at General Hospital on 57th Street.
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