FIGURE 17.1. Protective and Risk Factors for Suicide (*continues*)

Circumstances That Protect Against Suicide Risk

Many factors can reduce risk for suicide. Similar to risk factors, a range of factors at the individual, relationship, community, and societal levels can protect people from suicide. Everyone can help prevent suicide. We can take action in communities and as a society to support people and help protect them from suicidal thoughts and behavior.

Individual Protective Factors
These personal factors protect against suicide risk:

- Effective coping and problem-solving skills
- Reasons for living (e.g., family, friends, pets)
- Strong sense of cultural identity

Relationship Protective Factors
These healthy relationship experiences protect against suicide risk:

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors
These supportive community experiences protect against suicide risk:

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high-quality physical and behavioral health care

Societal Protective Factors
These cultural and environmental factors within the larger society protect against suicide risk:

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

FIGURE 17.1. Protective and Risk Factors for Suicide (*continued*)

Circumstances That Increase Suicide Risk

Individual Risk Factors

Suicide is rarely caused by a single circumstance or event. Instead, a range of factors—at the individual, relationship, community, and societal levels—can increase risk. These risk factors are situations or problems that can increase the possibility that a person will attempt suicide. These personal factors contribute to risk:

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance misuse
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

Relationship Risk Factors

These harmful or hurtful experiences within relationships contribute to risk:

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High-conflict or violent relationships
- Social isolation

Community Risk Factors

These challenging issues within a person's community contribute to risk:

- Lack of access to health care
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

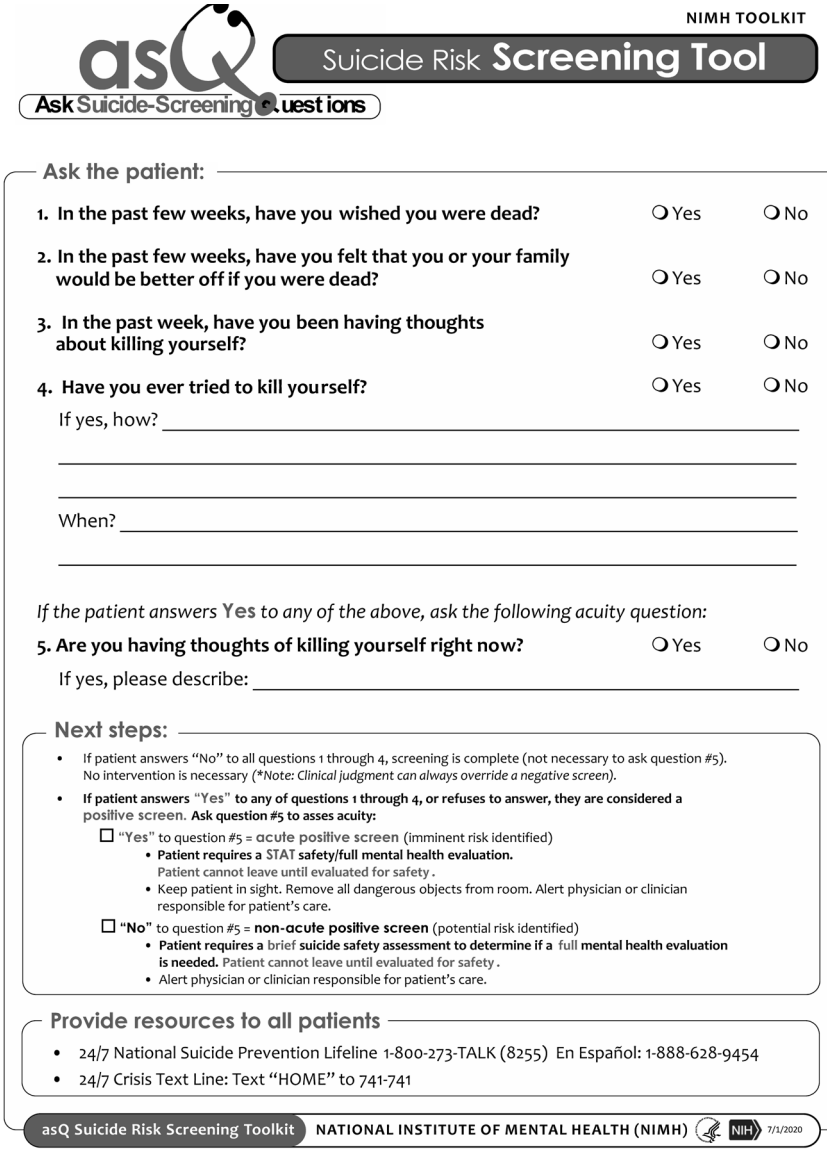
Societal Risk Factors

These cultural and environmental factors within the larger society contribute to risk:

- Stigma associated with help seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

Note. Adapted from *Risk and Protective Factors*, by the Centers for Disease Control and Prevention, 2022 (https://www.cdc.gov/suicide/factors/index.html). In the public domain.

FIGURE 17.2. ASQ Suicide Risk Screening Tool



Note. Reprinted from *Ask Suicide-Screening Questions (ASQ) Toolkit,* by National Institute of Mental Health, 2021 (https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials). In the public domain.

FIGURE 17.3. Suicide Risk Assessment Components

Ideation	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
Environment	Means and access to means they have considered
Behavior	Overt presuicidal behavior • Talking about suicide • Rehearsal behaviors • Visiting places to attempt suicide • Writing a suicide note
	Substance use and abuse
History	Past suicide attempts (history of multiple suicide attempts elevates risk significantly)
	History of impulsivity
	History of family suicide
	History of physical, emotional, or sexual abuse
	History of other trauma
Psychosocial factors	Psychosocial stressors • Financial problems • Legal issues • Relationship difficulties • Job difficulties
	Recent loss • Death of a friend/family member • Job loss • Divorce/relationship breakup
Static risk factors	Age: Risk escalates with age, particularly after age 45
	Sex: Risk greater for male individuals
	Previous psychiatric diagnosis
Protective factors	Social support
	Evidence of past problem solving
	Higher level of investment in current treatment

FIGURE 17.4. Recommended Actions for Primary Care Providers for Levels of Suicide Risk (*continues*)

Risk of suicide attempt	Essential features	Action
High acute risk	• Suicidal ideation with intent to die by suicide • Inability to maintain safety, independent of external support or help Common warning signs: • A plan for suicide • Recent attempt and/or ongoing preparatory behaviors • Acute major mental illness (e.g., major depressive episode, acute mania, acute psychosis, recent/current drug relapse) • Exacerbation of personality disorder (e.g., increased borderline symptomatology)	• This typically requires psychiatric hospitalization to maintain safety and aggressively target modifiable factors. • These individuals may need to be directly observed until they are transferred to a secure unit and kept in an environment with limited access to lethal means (e.g., keep away from sharps, cords or tubing, toxic substances). • During hospitalization co-occurring conditions should also be addressed.
Intermediate acute risk	• Suicidal ideation to die by suicide • Ability to maintain safety, independent of external support/help These individuals may present similarly to those at high acute risk, sharing many of the features. The only difference may be lack of intent, based upon an identified reason for living (e.g., children), and ability to abide by a safety plan and maintain their own safety. Preparatory behaviors are likely to be absent.	• Consider psychiatric hospitalization, if related factors driving risk are responsive to inpatient treatment (e.g., acute psychosis). • Outpatient management of suicidal thoughts and/or behaviors should be intensive and include frequent contact, regular reassessment of risk, and a well-articulated safety plan. • Mental health treatment should also address co-occurring conditions.
Low acute risk	• No current suicidal intent AND • No specific and current suicidal plan AND • No recent preparatory behaviors AND • Collective high confidence (e.g., patient, care provider, family member) in the ability of the patient to independently maintain safety Individuals may have suicidal ideation, but it will be with little or no intent or specific current plan. If a plan is present, the plan is general and/or vague and without any associated preparatory behaviors (e.g., "I'd shoot myself if things got bad enough, but I don't have a gun"). These patients will be capable of engaging appropriate coping strategies and are willing and able to utilize a safety plan in a crisis situation.	• This can be managed in primary care. • Outpatient mental health treatment may also be indicated, particularly if suicidal ideation and co-occurring conditions exist.

FIGURE 17.4. Recommended Actions for Primary Care Providers for Levels of Suicide Risk (*continued*)

Risk of suicide attempt	Essential features	Action
High chronic risk	Common warning sign: • Chronic suicidal ideation Common risk factors: • Chronic major mental illness and/or personality disorder • History of prior suicide attempt(s) • History of substance use disorders • Chronic pain • Chronic medical condition • Limited coping skills • Unstable or turbulent psychosocial status (e.g., unstable housing, erratic relationships, marginal employment) • Limited ability to identify reasons for living	These individuals are considered to be at chronic risk for becoming acutely suicidal, often in the context of unpredictable situational contingencies (e.g., job loss, loss of relationships, and relapse on drugs). These individuals typically require: • Routine mental health follow-up • A well-articulated safety plan, including lethal means safety (e.g., no access to guns, limited medication supply) • Routine suicide risk screening • Coping skills building • Management of co-occurring conditions
Intermediate chronic risk	• These individuals may feature similar chronicity as those at high chronic risk with respect to psychiatric, substance use, and medical and pain disorders. • Protective factors, coping skills, reasons for living, and relative psychosocial stability suggest enhanced ability to endure future crisis without engaging in self-directed violence.	These individuals typically require: • Routine mental health care to optimize psychiatric conditions and maintain/enhance coping skills and protective factors • A well-articulated safety plan, including lethal means safety (e.g., safe storage of lethal means, medication disposal, blister packaging) • Management of co-occurring conditions
Low chronic risk	• These individuals may range from persons with no or little in the way of mental health or substance use problems, to persons with significant mental illness that is associated with relatively abundant strengths/resources. • Stressors historically have typically been endured absent of suicidal ideation. The following factors will generally be missing: • History of self-directed violence • Chronic suicidal ideation • Tendency towards being highly impulsive • Risky behaviors • Marginal psychosocial functioning	• This is appropriate for mental health care on an as-needed basis, some may be managed in primary care. • Others may require mental health follow-up to continue successful treatments.

Note. From *VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide* (pp. 23–24), by U.S. Department of Veterans Affairs and Department of Defense, 2019 (https://www.healthquality.va.gov/guidelines/MH/srb/VADoDSuicideRiskFullCPGFinal5088212019.pdf). In the public domain.

FIGURE 17.5. 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:
What are some thoughts that have been helpful in reducing distress?
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 can be called for help getting to the emergency department?

FIGURE 17.6. Sample Crisis Response Plan

Crisis Response Plan

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 988.
6. Go to the emergency room at General Hospital on 57th Street.

FIGURE 17.7. Brief Suicide Management Interventions Applicable to Primary Care

Intervention	Description	Target
Coping cards	The patient writes suicidal beliefs on a 3 × 5 card using their exact words. On the reverse side, the patient writes more adaptive responses. The patient carries the cards to read when the patient notices thoughts that are in a suicidal mode.	Helps patients distance themselves from the suicidal belief systems and change their response to typical triggers of suicidal beliefs and thoughts.
Survival kit/ hope box	A container is filled with tangible objects that have positive associations for the patient. Examples include photographs of happy events, souvenirs, inspirational quotes, letters from loved ones, and photos of loved ones. The patient discusses their rationale for including each item in the kit with the provider at a follow-up appointment.	Helps patients strengthen positive memories and heighten emotional associations with the objects. The intervention also aims to strengthen a sense of mastery of the suicidal state by showing patients that they can generate positive emotions.
Reasons for living list	The patient generates a list of reasons to live and writes them on a 3 × 5 card. These might include people, goals, values, and anticipated positive events. The patient is instructed to read the list at a given time daily or as needed when experiencing triggers to the suicidal mode.	Helps patients expand awareness of the meaningful and positive aspects of their life and distracts them from focusing on negative aspects.
Behavioral activation	The provider conducts a functional analysis to identify dysfunctional behavior patterns. The provider and patient collaboratively identify desired behavioral alternatives and then set realistic goals to achieve the desired behaviors.	Helps patients overcome avoidance behaviors that disrupt daily activities. Engaging in inherently rewarding behaviors reduces emotional distress in the short term and disrupts patterns of avoidance and withdrawal that can result in a downward spiral of emotional and cognitive dysfunction.
Relaxation exercises	The provider teaches relaxation exercises and instructs the patient to practice them daily and as needed to manage emotional arousal and distress.	Helps the patient gain mastery over physiological arousal contributing to distress.
Mindfulness exercises	The provider teaches skills for focusing on the present moment without judgment and to observe rather than react to thoughts and emotions.	Helps the patient respond to thoughts and emotions with less reactivity to reduce distress.

FIGURE 17.8. Resources for Patients With Suicidal Ideation: Telephone, Websites, and Mobile Applications (*continues*)

Type	Location	Description
Telephone	Dial 988	988 is the national Suicide and Crisis Lifeline in the United States. It is available in English and Spanish and operates 24 hours per day.
	Dial 988, then press 1	Pressing 1 after dialing 988 accesses the Veteran's Crisis Line in the United States.
Websites	The 988 Suicide and Crisis Lifeline (https://988lifeline.org)	988 Suicide and Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress.
	The American Association of Suicidology (AAS; https://suicidology.org/)	AAS leads the advancement of suicide prevention through research, education, training, development of standards, and resources for professionals and the public, as well as survivor support services.
	Substance Abuse and Mental Health Services Administration (SAMHSA; https://www.samhsa.gov/)	SAMHSA provides numerous publications and resources for understanding and managing suicidal risk and behavior.

FIGURE 17.8. Resources for Patients With Suicidal Ideation: Telephone, Websites, and Mobile Applications (*continued*)

Type	Location	Description
Mobile applications	The Virtual Hope Box (Google Play store, Android and Apple iOS)	The Virtual Hope Box is a free mobile application for smartphones or tablets developed by the National Center for Telehealth and Technology, a U.S. Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury. It helps 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.
	notOK (Google Play store, Android and Apple iOS)	Free application intended for teenagers features a large, red button that can be clicked to let designated friends or family in their support network know help is needed. Their current GPS location is sent to their contacts with a message that reads: "Hey, I'm not OK! Please call, text, or come find me." A green button can be pressed to let contacts know they are feeling better.
	Suicide Safe (Google Play store, Android and Apple iOS)	Suicide prevention learning tool for primary care and behavioral health providers by SAMHSA based on Suicide Assessment Five-Step Evaluation and Triage practice guidelines. It helps providers feel confident in assisting patients who present suicidal ideation. The app offers suggestions on how to communicate effectively with patients and their support networks, make helpful decisions, and make referrals.