Suicide Risk Factors

Use this checklist for information and referral purposes only. Each organization should assess the use of this form against their own liability concerns. It is not a substitute for assessment and diagnosis by medical professionals. **If at any time you are concerned about the risk of suicide, consult mental health support immediately.** Staff should also report any concerns to their supervisor in accordance to their organization's policy and procedures.

Screening for Suicide Risk

SAD PERSONS is a common screening tool that can signal to seek mental health consultation for a more thorough risk assessment.

Indicators	Details
Sex	Men kill themselves four time more often than women, although women make attempts three times more often than men.
Age	High-risk groups: 15 to 24 years old, 45 years or older, and the elderly.
Depression	Depression is very common among those who attempt or die by suicide. A mood disorder, especially in the depressive phase, is the diagnosis most commonly associated with a death by suicide.
Previous attempts	A past suicide attempt is one of the major risk factors for future suicide attempts and deaths.
ETOH	ETOH (alcohol) is a risk factor for suicide. Studies have found alcohol to be present in 20-50 percent of all persons who die by suicide.
Rational thinking low	Any mental impairment (e.g. psychosis, hallucinations or delusions) severely affects judgment and rational thought and endangers the individual.
Social supports lacking	A suicidal person often lacks significant others (friends, relatives), meaningful employment, and community supports.
Organized plan	The presence of a specific plan for suicide (date, place, and means) signifies a person at high risk.
No spouse	Studies indicate that individuals who are widowed, separated, divorced, or single are at greater risk than those who are married.
Sickness	Chronic, debilitating, and severe illness is a risk factor.

Senior-Specific Risk Factors

Seniors make few suicide attempts compared to youth but are more likely than any other age group to die by suicide. Risk factors that are specific or exacerbated for older adults include:

- Increasing age
- Male gender; especially for Caucasians
- Being single or divorced, or living alone
- Social isolation/closed family systems, which do not encourage discussion or help-seeking
- Generational biases against the role of clinicians and therapists
- Poor physical health or illness; particularly inadequate pain control
- Hopelessness and helplessness
- Loss of health, status, social roles, independence, significant relationships
- Grief
- Depression
- Fear of institutionalization
- Frailty of elders – injuries may cuase more physical damage and their recuperative abilities may be compromised

Specific Considerations for Prevention and Treatment

- Include supportive family members in treatment planning
- Discuss the development of interests and support networks
- Assist seniors in securing adequate income/pensions and affordable, safe and supportive housing
- Assist older persons to find, maintain, and/or renew meaning and purpose in life
- Communicate with physicians and other health professionals about the warning signs of depression and suicide amongst older persons, especially with those that may have regular contact with a senior due to other health problems

Assessing Ideation, Intent and Lethality

In general, the client who is at the highest risk for suicide is one with the most risk factors occurring concurrently. This tool is best used in the context of a collaborative conversation with the person who may be at risk for suicide rather than simply completing a checklist. Questions may be asked as is appropriate for the current situation.

Area	Question	Answer
Ideation – Frequency, Intensity, Duration	Have you ever thought about trying to hurt yourself?	
	Have you ever wished you were dead?	
	Do you ever have thoughts of killing yourself / thoughts of suicide?	
	How often do you think about suicide – daily, weekly or monthly?	
	How long do these thoughts last – seconds, minutes?	
	How severe or overwhelming are these thoughts?	
	Could you rate the intensity on a scale from one to 10?	
	Do you intend to hurt yourself?	
	Have you ever attempted suicide?	
Intention	Do you have any intention of acting on the thoughts of suicide?	
	How strong is your intent?	
Specificity of Plan(s)	Do you have a plan to hurt yourself? Do you have a plan to kill yourself?	
	When, where and how?	
	Do you have [methods described above]? Do you have access to [methods described above]?	
	What level of self-control is demonstrated (subjective and objective markers)?	
	Do you feel in control right now?	
	Have you had times when you felt out of control? How often do you feel out of control?	
	When you felt out of control, what were you doing? Were you drinking, using any substances?	

Area	Question	Answer
Reason for Living and Dying	Have you ever thought that life was not worth living?	
	What's kept you going in the past when you've had these thoughts?	
	What keeps you alive right now? What keeps you going?	

Lethality of Suicide Attempts Rating

CASE Approach

The case approach seeks to improve the ability of staff to obtain accurate information to assist in their assessment of suicide risk. It uses three specific techniques:

Behavioural Incidents

- Ask questions about specific facts, details or trains of thought rather than opinions, e.g. "When you say you 'threw a fit', what exactly did you do?"; "Exactly how many pills did you take?"; "What did you do next?"
- This technique can be used to recreate an episode using a series of behavioural incidents

Gentle Assumptions

Gentle assumptions communicate the acceptability of a behaviour that a client may otherwise be embarrassed to disclose by indicating the assumption that the behaviour is already occurring.

- For example, ask, "What other ways have you thought of killing yourself?" rather than "Do you think of other ways to kill yourself?"

Denial of the Specific

This technique recognizes that specific questions can more easily trigger recollection and that it is also harder to falsely deny a specific question compared to a generic question.

- For example, ask, "Have you thought of overdosing?" following a denial of the general question, "Have you thought of killing yourself?"

Based on: Working with the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services

http://www.health.gov.bc.ca/library/publications/year/2007/MHA_WorkingWithSuicidalClient.pdf