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## Identification of Risk and Protective Factors in Suicide

Who's at risk for suicide? This course discusses the risk factors and protective factors associated with suicide. There are a variety of factors that increase an individual's risk for suicide, and this course highlights the most common in a community setting. Factors that protect against suicide are also discussed. This course is a foundation for our other courses on assessment, treatment, and our case studies.

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## Course Objectives

After completing this course you will be able to:

- λ Identify risk and protective factors associated with suicide.
- λ Summarize common myths about suicide and suicidal ideation.
- λ Attain increased level of comfort in assessing and discussing suicide with those who are at risk.

## Course Participation

Obtaining [CME credit](#) requires viewing the course content and completing a post-test and satisfaction survey online at the end of the course. You can participate in EndingSuicide.com courses at any time, day or night. Participation and your CME credits are always free! To participate in this course, you will need a computer, an Internet connection and a Web browser such as Microsoft Internet Explorer or Netscape Navigator. This course is best viewed with your [monitor resolution](#) at 1024x768 and with Internet Explorer 6.0 and above. Please use the "Continue" and "Back" buttons at the bottom of each page to navigate through the CME course.

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## Identification of Risk and Protective Factors in Suicide

- λ Introduction
- λ Demographic Factors
- λ Diagnostic Factors
- λ Psychological Factors
- λ Environmental Factors
- λ Risk Factors in Context
- λ Protective Factors
- λ Common Myths
- λ Summary
- λ References, Links, and Credit

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## Additional Course Features

Key points are provided throughout the course in the right margin to highlight essential information.

Questions, in the form of 'Think Ahead,' 'Test Your Knowledge,' 'In Your Practice,' and 'Clinical Decision' may be asked. Your answers to these questions will not affect whether you pass or fail the course.

Reference material and opportunities to learn more are indicated by [FYI](#).

At the end of the course, there will be a short post-test. You must earn a score of 70% on the test to receive CE credit.

Use the "Back" and "Continue" buttons at the bottom of each page to navigate the course.

## Introduction

The nature of suicide is such that there is no exact science to measuring an individual' s level of risk. By definition, risk factors are characteristics that occur repeatedly in large samples of people of who have committed suicide (Shea, 1999). Over time, they are the characteristics that make an individual more susceptible to suicide (Hendin et al, 2001). Risk predictors, on the other hand, are specific characteristics of an individual that indicate suicide risk in the context of that person' s life.

When identifying risk factors in terms of individual suicide risk, one must avoid the ecological fallacy. The ecological fallacy occurs when you generalize the causal relationships that are observed for a group of people to an individual. As applied to suicide, it would state that the risk factors for an entire population of suicides is only meaningful to the significance of given risk factor in an individual' s life. Alcohol abuse, for example, is a suicide risk factor, yet it is not necessarily a suicide risk predictor in the lives of alcoholics; rather, its role in relation to other risk and protective factors determines its role in an individual' s suicide risk.

## Key Point

Risk factors work in combination to produce suicide, but they should be approached as potential rather than certain predictors of suicide.

### **Why are Risk Factors Important?**

An individual may have one or more risk factors yet not be suicidal. So why, then, are risk factors important? Because some of these factors are at work in nearly all suicide victims, usually in conjunction with a precipitating event. Risk factors rarely if ever act independently to cause a suicide; rather, the interaction and combination of factors produce an increased probability of suicide (Jacobs, 1999). Kessler and colleagues (1999) found that as the number of risk factors increased, so did the number of suicide attempts. Hence, an understanding of these factors may allow us to help those at highest risk when they are in need.

Primary care physicians are in a unique position to identify and aid potential suicide victims. As Feldman and Finguerra (2001) note, studies have shown that roughly half of those who complete suicide have visited their physician in the previous month. Identification of factors that may increase an individual's risk for suicide has several benefits (Shea, 1999). Most importantly, it will raise the clinician's awareness, which in turn will improve detection. The identification of specific risk factors may provide the clinician with some guidelines for specific questioning. If a patient comes to a clinic with a long history of alcohol abuse, the clinician, with heightened awareness, can tailor his/her questions to touch on substance abuse and suicidality. In fact, the knowledgeable clinician is equipped to screen all patients for suicide risk.

### **Key Point**

Proper identification of risk factors will improve detection and prevention of suicide.

## Fred's Suicide Note

Here is a suicide note found pinned to a young man hanging in his apartment. Can you identify the risk factors?

To anyone who might care,

Please tell my family that I love them and they had nothing to do with this. I know it' s wrong to do this, but I can' t take anymore. Before going to the hospital, I thought the world was out to get me, and now they really are. I haven' t been able to talk with anyone about how I feel or what I think. There have been many times that I' ve tried to go through with my death, buying the rope and finding a beam that will support my weight. I just don' t want you to suffer any more

The doctors at the hospital told me this was called bipolar disorder. I call it hell. When I first came home things were great. I really thought we had gotten things right this time. I was able to work and I even started dating again. Now, I' m not able to think or eat or sleep. I' m just so confused. I just need out of this torture. I hope you all understand. The beer used to help, but not anymore. I' m always running. I can' t do anything to make it better. This is the only relief in sight. I just want all the pain to go away.

Goodbye, I love you.

Someone please make it all go away.

## Practical Application

Here is the background of a suicide case for you to review. The following pages will allow you to evaluate the warning signs presented here.

## Practical Application

For each of the following factors please indicate if it is a risk factor for suicide.

Factors	Yes	No
Male gender	<input type="checkbox"/>	<input type="checkbox"/>
Connection with family	<input type="checkbox"/>	<input type="checkbox"/>
Starting to work and date	<input type="checkbox"/>	<input type="checkbox"/>
Prior Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>
Recent hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
Feeling Hopeful	<input type="checkbox"/>	<input type="checkbox"/>
Paranoid thinking	<input type="checkbox"/>	<input type="checkbox"/>
Helplessness and hopelessness	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of Moral Opposition	<input type="checkbox"/>	<input type="checkbox"/>

Submit Answer

## Answers

- 1) This should be treated as a risk factor. This risk factor will be discussed in more detail in the Demographic Factors section of this course.
- 2) This should NOT be treated as a risk factor. This risk factor will be discussed in more detail in the Protective and Environmental Factors sections of this course.
- 3) This should NOT be treated as a risk factor. This protective factor will be discussed in more detail in the Protective Factors section of this course.
- 4) This should be treated as a risk factor. This risk factor will be discussed in more detail in the Psychological Factors section of this course.
- 5) This should be treated as a risk factor. This risk factor will be discussed in more detail in the Diagnostic Factors section of this course.
- 6) This should be treated as a risk factor. This risk factor will be discussed in more detail in the Diagnostic Factors section of this course.
- 7) This should be treated as a risk factor. This risk factor will be discussed in more detail in the Diagnostic Factors section of this course.

8) This should NOT be treated as a risk factor. This risk factor will be discussed in more detail in the Protective Factors section of this course.

9) This should be treated as a risk factor. This risk factor will be discussed in more detail in the Psychological Factors section of this course.

10) This should be treated as a risk factor. This risk factor will be discussed in more detail in the Psychological Factors section of this course.

11) This should NOT be treated as a risk factor. This risk factor will be discussed in more detail in the Protective Factors section of this course.

## Groups of Risk Factors

Risk Factors for suicide can be classified into four basic areas:

- λ Demographic
- λ Diagnostic
- λ Psychological
- λ Environmental

All of these areas are interrelated and pose a cumulative risk. Demographic factors include age, gender, race, residence, ethnic background, and employment status. Diagnostic factors involve the patient' s mental health or medical diagnosis. Psychological factors are the ways in which the person views the world or him/herself. These include one' s cognitive style, coping style, and attitudes. Environmental factors are those which are outside of the individual, such as social support, access to means of self-harm, and precipitating events.

## Did You Know?

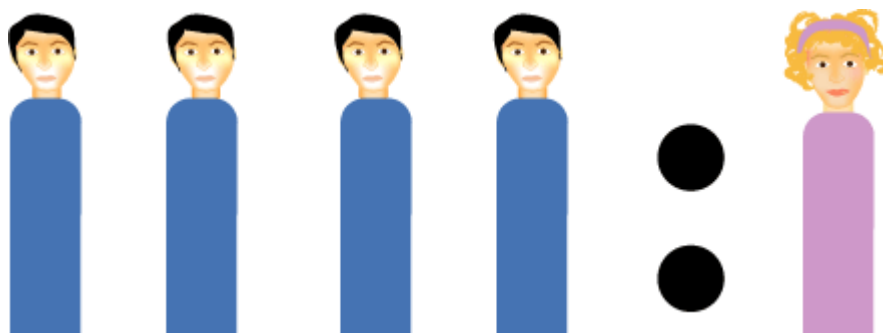
There are a variety of risk factors that influence suicide. Some are long-term, as discussed in this course. Others are acute factors that are discussed in our course "Assessment, Treatment, and Legal Issues."



## Demographic Factors

There are several demographic factors that increase an individual's risk for suicide. These include being male, Caucasian, over 65 years of age, unemployed, and of low socioeconomic status. These factors are enduring -- or at least relatively stable. It is also important to remember that there are several "special populations" that must be considered aside from the statistics.

**Gender:** According to the most recent data available from the National Vital Statistics Report, 4.1 men die by suicide for every woman who does, with white males composing 73% of all US suicides in that year (Anderson, 2002). In their work on suicidality, Edwards and Holden (2003) noted significant gender differences. One possible explanation for the disproportionate number of male deaths is that they choose more lethal means, such as shooting or hanging. Females tend to employ means that are less lethal and allow for an increased chance of rescue, such as overdose or cutting, although use of firearms is increasing among suicidal females. The choice of method may be related to the fact that women who survive an attempt are less stigmatized than men. Women are also less stigmatized for proactive help-seeking behavior, so they may seek counseling to alleviate their pain. Women typically have fewer coping resources (economic power, autonomy, and influence over others), there for may attempt suicide as a means of communication rather than desire to die. Compounding this lack of resources is the style of problem solving use by men and women. Men use a more problem-solving style in contrast to women's emotional focused style. Comorbid substance abuse and mental illness, which is more prevalent among men, may also increase the suicide rate compare to women.



**Ethic Groups:** Among ethnic groups, 90% of suicides are committed by whites. Among all non-white populations, African Americans commit 7 of every 10 suicides (Anderson, 2002). Other ethnic groups also experience high rates of suicide. Native Americans, for example, have a suicide rate of 12.2 per 100,000, compared to whites with a rate of 11.7. Asian/Pacific Islanders have the lowest rate at 5.5 suicides per 100,000.

**Age:** Data suggest that elderly (over age 65) and young (ages 15-24) populations are at high risk for suicide. Elderly men comprise one of the highest risk populations for suicide (Pearson et al., 1999). In 1998, individuals over the age of 65 years represented 13% of the population, yet constituted 19% of the suicides, which yields a rate of 15.3 suicides per 100,000 (Murphy, 2000). Although many of the characteristics of elderly suicide victims are similar to those of adolescent victims, elders

## Test Your Knowledge

Who attempts suicide more frequently?

- Females
- Males

Submit Answer

ANSWER: Females attempt suicide 3 times as often as males. But males die by suicide 4 times more frequently.

who complete suicide tend to be more socially isolated, rigid in their thinking, and anxious (Conwell and Duberstein, 2001). One possible reason for the increased rate of elder suicides is that they often have less observed warning signs, a more complete suicide plan, and increased determination (Conwell et al., 1998).

Suicide was ranked as the third leading cause of death for individuals under the age of 25 (CDC, 2000). This age group accounted for 15% of the suicides in 2000. Among 10 to 14 year olds, the rate of suicide increased by 109% between 1980 to 1997. Young people tend to be impulsive and plan less for their suicide attempts, but the lethality of their attempts is increasing as they begin to use guns more frequently. Similar to older adults, the ratio of adolescent males to females averages about 4 to 1.

**Sexual orientation:** Sexual orientation has also been linked to an increase in suicide risk, especially in youth. Garofalo and colleagues (1999) found that sexual orientation was a risk factor, especially in adolescent males. In their review of literature, McDaniel and colleagues (2001) found that gay and bisexual men are 14 times more likely to attempt suicide than heterosexual men. This increased risk appears to be more significant for men than women, among both adolescents and adults. In their review, several possible stressors were identified as explanations for the increased suicide risk, including negative discrimination and homophobia from social supports and society in general.

**Socioeconomic:** Whitley and colleagues (1999) found that individuals living in deprived areas were at increased risk for suicide and other health concerns. In addition, unemployment has been linked to higher rates of suicide (Lester and Yang, 2003). Additionally, having a lower educational level is associated with increased suicide attempts, which may be related to rates of suicide among unemployed people. (Kessler et al., 1999). One possible explanation for these factors' influence on suicide is poor access to healthcare. This creates a problem because individuals suffer with illnesses longer prior to treatment or may receive inadequate treatment.

## Demographic Factors: Summary

The following demographic factors place an individual at higher risk for suicide:

- λ Gender: male
- λ Race: White or Native American
- λ Age: over 65 and under 24
- λ Sexual Orientation: Homosexual or bisexual
- λ Socioeconomic: Low income and education levels

## In Practice

In your practice, a 32-year-old Asian woman, who is married to a wealthy man, presents feeling sad and overwhelmed. What other risk factors would you need to gather?

- ⌘ Mental health history
- ⌘ Number of children
- ⌘ Prior suicide attempts

Submit Answer

ANSWER: Yes. Although she is not exhibiting a large number of risk factors, she does report feeling overwhelmed and sad. A few questions about suicide would be a good idea. You might say "It sounds like you have a lot going on in your life. Have you thought about killing yourself?"

## Diagnostic Factors

A high percentage of people - some estimate the number to be 90% - have a psychiatric illness at the time they commit suicide (Henriksson et al., 1993; Lecrubier, 2001). The most prevalent diagnosis is depression, which one study found as a contributing factor in 70% of suicides (Haw et al., 2001). Haw and colleagues (2001) found that individuals who attempted suicide were more likely than the general population to have a [major depressive diagnosis](#) and suffer from [substance abuse](#). Chynoweth and colleagues (1980) identified depression as a contributor to 55% of the suicides in Brisbane, Australia. They also reported that about 50% of the suicide victims they studied had been taking medication for psychiatric disorders prior to death.

In a different study, Oquendo and colleagues (1999) found that depressed patients were receiving inadequate levels of treatment. They recommended improved diagnosis and treatment of depression through education. In an earlier study, Oquendo and colleagues (1997) identified suicide risk factors in the depressed patient. These included substance intoxication, recent crises (relational or financial), and contagion (contact with other suicidal individuals). They also noted that individuals who had a history of severe depression with psychosis were at higher risk for suicide than those who did not. Since many severely depressed people are chronically depressed, it is important to differentiate between chronic risk factors and acute stressors in this population. Increased anxiety, insomnia, and hopelessness are acute signs of risk in the chronically depressed (Sherman, 2002).

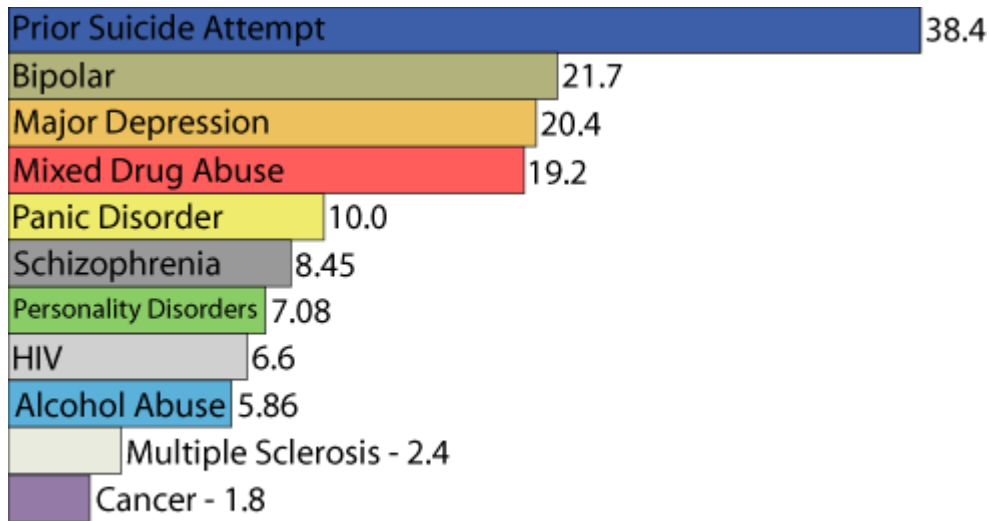
Untreated [bipolar disorder](#) is another positive risk factor for suicide. In fact, Baldessarini (2003) and Rihmer (2002) have recently argued that bipolar individuals are even more likely than those with major depression to commit suicide, but many truly bipolar patients have been misdiagnosed. Taking lithium, however, significantly reduces the risk for bipolar individuals (Mann, 2002). In a meta-analysis of the effects of lithium on suicide, it was noted that there was a large decrease in the rates of suicide and suicide attempts in bipolar patients who were treated with lithium (Baldessarini et al., 2001). The prevalence of suicide attempts in individuals diagnosed with bipolar disorder has been estimated at 25% to 50% over a lifetime (Nierenberg et al., 2001). As in other populations, increased levels of suicidal thoughts, aggression, and substance abuse have been associated with bipolar-diagnosed individuals who have attempted suicide (Oquendo and Mann, 2001). An increased number of hospitalizations due to the depressive phase of illness, suicidal ideation during the depressive phase of illness, [Cluster B Personality Disorders](#) (Borderline, Antisocial, Histrionic and Narcissistic personality disorders), and a history of sexual abuse were also found to be risk factors for the individual diagnosed with bipolar disorder (Leverich, et al, 2003).

### **FYI**

Would you like to know more about Depression? We also offer several courses about the topic at [CME.DepressionClinic.com](http://CME.DepressionClinic.com)

Would you like to know more about Substance Abuse? We also offer several courses about the topic at [Alcoholcme.com](http://Alcoholcme.com)

## Suicide Risk for Psychiatric and Medical Disorders



Increased risk of suicide compared to the general population.

*data from Baldessarini, 2003; Maris et al., 2000*

The comorbidity of mental disorders is also a significant risk factor for suicide. Kessler and colleagues (1999) found that the more disorders a patient has, the higher the risk for a suicide attempt. Lecrubier, in his 2001 study, found that lethality could be predicted based on the number of disorders with which an individual had been diagnosed. Haw and colleagues (2001) also found that suicide attempters were likely to have a [personality disorder](#), especially Borderline Personality Disorder and Antisocial Personality Disorder. Appleby and colleagues (1999) found that a decrease in the level of care mentally ill patients were receiving was associated with increased suicide risk. This underscores the importance of continuing care for an adequate length of time before discontinuing services.

Several medical illnesses have been linked to an increased rate of suicide. Affected individuals are usually older, in more pain, and more depressed (Sanchez, 2001; Nordentoft et al., 1993; Maris, et al., 2000). Specifically, cancers, HIV/AIDS, autoimmune disorders, asthma, multiple sclerosis, spinal cord injury, epilepsy, Huntington' s disease, peptic ulcer, and renal failure increase the risk of suicidal ideation and attempt (Sanchez, 2001; Druss and Pincus, 2000; Maris, et al, 2000; Hughes and Kleespies, 2001). Druss and Pincus (2000) also found that a greater number of co-occurring illness puts individuals at higher risk for suicide. They found that 25% of the individuals who had only one medical illness reported feeling suicidal, while 35% of those with two or more medical illness reported such feelings. In fact, 16% of those with two medical illnesses had actually attempted suicide. Even statistically controlling for depression, substance abuse, and demographics, individuals with at least one medical condition were 1.3 times more likely to report suicidal ideation. The presence of depression in medically ill patients appears to further increase suicide risk. Kishi and colleagues (2001) found that during the phase of acute illness, 80% of the patients with suicidal ideation also had symptoms of depression. Patients whose depressive symptoms decreased were no longer suicidal. Conversely, those who remained depressed also remained suicidal.



## Substance Abuse

Substance abuse is characterized by the illicit use of a drug. This includes use for reasons other than for which the drug was prescribed or in a manner or in quantities other than directed.

Substance dependence is a continued drive to take a drug, either to produce a desired mind-altering effect or prevent unpleasant effects, despite the negative consequences of continued substance use.

## Personality Disorders

Personality disorders are a class of disorders characterized by lifelong, ingrained, and maladaptive behavioral patterns. These maladaptive patterns are generally associated with extreme attributes of normal character development. There are a variety of these disorders. Those manifesting the greatest behavioral problems associated with violence towards self or others are the CLuster B disorders: Borderline, Antisocial, Histrionic and Narcissistic Personality Disorders.

- λ Borderline Personality Disorder is characterized by intense fluctuation in moods and impulsivity.
- λ Antisocial Personality Disorder is characterized by a pattern of aggressive behavior that violates the rights of others without remorse.
- λ Histrionic Personality Disorder is characterized by dramatic, attention-seeking, immature and often vain behavior.
- λ Narcissistic Personality Disorder is characterized by an inflated sense of importance and self-love.

## Depressive Disorders

Depressive disorders are characterized by sadness, despair, and discouragement. Often times, individuals who are depressed exhibit low self-esteem, guilt, social withdrawal, and difficulty with sleep and appetite. It is important to remember, as with any diagnosis, that these feelings must significantly interfere with the individual's daily functioning.

## Bipolar Disorder

Bipolar Disorder, formerly known as Manic-Depressive Disorder, is characterized by periods of mania (euphoria or hyperactivity) and periods of depression. The individual cycles through both periods, sometimes very rapidly, during which they often make poor decisions. During the manic phase, a bipolar person often exhibits agitation rather than euphoria. This illness seriously affects thinking, judgment, social behavior, and occupational functioning.

## Diagnostic Factors: Summary

Diagnoses most closely associate with suicide include:

- λ Depression
- λ Bipolar Disorder
- λ Personality Disorders
- λ Substance Abuse
- λ Cancers
- λ HIV/AIDS
- λ Neurological Disorders

## Test Your Knowledge

For an individual diagnosed with Bipolar Disorder, what is the lifetime prevalence of a suicide attempt?

- Ⓐ 5% to 15%
- Ⓑ 25% to 50%
- Ⓒ 75% to 80%

Submit Answer

ANSWER: 25-50%.

Unfortunately, this high percentage is correct. Lithium has been shown to reduce the suicide risk in individuals diagnosed with Bipolar Disorder.

## Psychological Factors

The ways a person thinks, behaves, and views the world have been linked to suicide. These psychological factors influence the individual's reaction to precipitating events. Suicidal individuals typically exhibit several similar psychological characteristics, including cognitive distortions, feelings of helplessness and hopelessness, external locus of control, impulsivity, and [psychache](#) or unmet needs (Keilp et al., 2001; Haw et al., 2001; Mann, et al., 1999).

Behaviorally, suicidal individuals tend to be more impulsive than nonsuicidal individuals. They are more likely to take greater risks and fail to think through their actions. Busch and colleagues (2003) found that level of anxiety and agitation play a significant role in the prediction of an acute suicidal crisis. Fawcett and Rosenblate (2000) discussed three people who committed suicide after an evaluation in an emergency department. All three patients showed evidence of anxiety/agitation. The first exhibited an obsession about an unpleasant or dangerous event that was anticipated. The second reported severe agitation after discontinuation of medication. The third patient was presented as a voluntary admission but with no visible signs of anxiety/agitation, yet the patient was contacting family and reporting anxiety and agitation. The important note is that none of the three people were presented as having suicidal ideation. The writers conclude that assessment of anxiety and agitation should be part of suicide risk assessment because, in these cases and in a corroborating study, anxiety was the most prominent symptom these suicide victims exhibited in the final days of life.

The adage that past behavior is the best predictor of future behavior holds true with suicide - a previous attempt is the best predictor of a future attempt (Hawton et al., 2003; Goldston et al., 2001). Substance abuse further complicates the suicidal individual's behavior by disinhibiting the person, impairing cognitive functioning, and possible exacerbating mood disturbance. (Shea, 1999).

Over the past several years, there have been several studies that examine the relationship between suicidal behavior and music. Villani (2001) noted that these studies have found a relationship between suicide and music with dark, morose, and violent content. Villani noted, however, that only a small percentage of the those drawn to violent music stated that the music increases their suicidal or violent thoughts. The majority of the individuals reported that listening actually made them feel happy. Thus, the influence of one's musical taste should be judged on an individualized basis.

Feelings of helplessness and hopelessness are the are two of the most dangerous psychological states associated with suicide. Helplessness is manifested as feelings of inadequacy and feeling as if the individual is unable to overcome his or her problem. Hopelessness, on the other hand, is the feeling that nothing can improve the situation. As a result of the individual's cognitive distortions and behavior, he or she feels unable to change the situation or that no positive change is possible. Brown and colleagues (2000) found that hopelessness, depression, and suicidal ideation were significant risk factors in the prediction of suicide.

## Key Point

The interaction of thoughts, views, and behavior influence suicide risk.

## In Practice

A young man you know has been behaving strangely lately. He has gotten several speeding tickets, and you suspect he is using drugs and alcohol. You have also noticed that he is more easily frustrated, and frequently fidgets his fingers. Which of the following risk factors would you also need to consider?

- Isolation from friends
- Access to lethal means
- Previous suicide attempt
- All of the above

Submit Answer

ANSWER: Yes. He has several high risk factors including, young age, male, increased risk taking behavior, use of drugs and alcohol, agitation, and anxiety. You might say something like "I have noticed that you have not been yourself lately. Have you been thinking about killing yourself?"

The enduring sense of helplessness that a suicidal individual feels is the result of cognitive distortions and their coping style.

## Psychache

According to Shneidman (2001), psychache is the "psychological pain" that individuals experience. It differs from physical pain in that it is the result of emotional discomfort rather than physical discomfort.

## Cognitive Distortions

Cognitive distortions (specifically dichotomous thinking), a poor sense of self-efficacy, overgeneralization, and catastrophization have been linked to suicide (Shea, 1999). Dichotomous thinking occurs when the individual is unable to see a variety of options. It is an all or nothing view of a problem. Poor self-worth, or feeling as if oneself is not capable of a task, constitutes poor self-efficacy. Overgeneralization and catastrophization are two types of cognitive distortions that are closely linked. When individuals overgeneralize they interpret one minor failure or hurdle to the failure or lack of ability of a whole issue or sometimes the whole world. For example, this one step in the solution failed; therefore, the entire idea is worthless.

Catastrophization is a form of overgeneralization in which the individual views a minor flaw as a life changing/threatening event. These people make mountains out of molehills, as the saying goes. When a person is suicidal, his or her thought process tends to be very reactionary, and he or she thinks that he or she is not capable of making changes (poor self-efficacy) or finding solutions to his or her apocalyptic crisis (catastrophization), so the only two options (dichotomous thinking) are a lifetime of pain and suffering (over generalization) or suicide. In addition to the cognitive distortions, suicidal individuals often have an external locus of control, so they are dependent on other people or specific events (such as a pay raise) for answers to their problems.

The coping styles that suicidal individuals use also limit their range of perspective, yet they do not realize this. Horesh and colleagues (1996) found that suicidal individuals most frequently use suppression, blame, and substitution. In other words, suicidal individuals usually avoid a given problem, blame others for the problem, or engage in other tension-reducing activities. The research subjects showed poor ability in mapping, which is the ability to obtain information and seek alternative solutions. Minimization, which is the ability to reduce the importance of the problem, was also used less often by suicidal individuals than nonsuicidal individuals. These coping styles can be linked to the previously discussed cognitive distortions. A suicidal individual thinks about a problem, but those thoughts then influence how he or she reacts and copes with the problem, which consequently influence his or her behavior.

## Key Point

Cognitive Distortions include:

- λ Dichotomous thinking
- λ A poor sense of self-efficacy
- λ Overgeneralization
- λ Catastrophization

## Psychological Factors: Summary

Psychological factors associated with suicide include:

- λ Cognitive distortions
- λ Poor coping skills
- λ Dangerous behavioral styles
- λ Helplessness and hopelessness

## Test Your Knowledge

Cognitive restriction is one of the psychological risk factors.

- True
- False

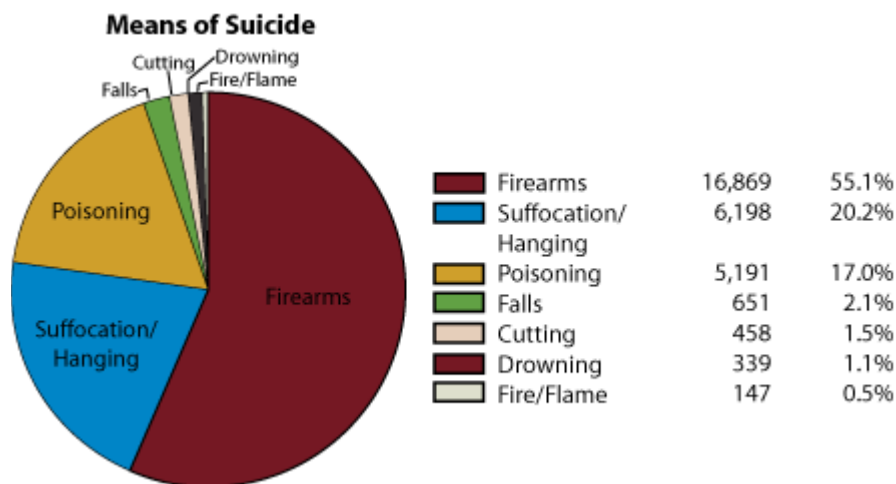
Submit Answer

ANSWER: True.  
Cognitive restriction is one type of cognitive distortion. Other cognitive distortions include: dichotomous thinking, overgeneralization, catastrophization, and a poor sense of self-efficacy.

## Environmental Factors

The final category of risk factors for suicide is the environmental factors. These include social support systems, access to lethal means (e.g., guns, poison), and precipitating events.

People who are socially isolated (limited contact with friends, unmarried, no children) are at higher risk for suicide than those who have adequate social support of family and friends. Retirement, disability, or unemployment due to illness have been identified as risk factors for suicide (Qin et al., 2003). Isolation appears to have greater impact on males than females. Qin and colleagues also noted a gender difference in their research, suggesting that a lack of spouse, employment, and/or income are more devastating to males than females. This is consistent with the age-related data that places older men at higher risk.



*data from McIntosh, 2003*

Most suicides can be linked to a precipitating event. This is not to say that any one thing or event is responsible for the individual's death; rather, a significant event was experienced prior to death. These events usually involve loss. The loss could be real, as in the death of a loved one, divorce, or loss of employment, or the function of a perceived loss of a relationship, freedom, or character. Maltzberger and colleagues (2003) found that a precipitating event was most often followed by several other events that applied additional stress to the individual. Due to the differences in individuals, though, the relationship or type of precipitating event is difficult to study empirically. Each individual suicide has a precipitating event that is unique to the person. For example, a divorce may be a difficult experience for one person, but not represent a life-threatening crisis. This may not be the case for another person, who experiences a divorce as a devastating event.

## Key Points

Signs of social isolation include:

- λ Little contact with friends
- λ Not married
- λ No children
- λ Unemployed

Access to lethal means of suicide is a significant risk factor.

Most suicides have a precipitating event that triggers the suicide attempt. These events, however, are not easy to predict.

## **Guns**

Brent (2001) found that the presence of firearms in the home was a risk factor for suicide. According to the McIntosh (2003), a firearm was used in 55% of all United States suicides in 2001, which is more than any other mean. Firearm suicide is much more common in the United States, where firearms are readily available, than in most other areas of the world. The first year of gun ownership seems to be the most dangerous. In their review of prevention strategies, Grandin and colleagues (2001) noted that over 35% females who had committed suicide with a firearm did so within the first year of ownership. In a population-based study, Wintemute and colleagues (1999) found concurrent evidence of the danger related to the early phase of gun ownership. They noted that the second leading cause of death of study subjects was suicide by firearm. The time of highest risk occurred immediately after acquisition of the gun, and the risk then decreased over time.

The lethality of a suicide attempt by firearm is the most alarming. Gotsch and colleagues (2001) noted that individuals who self-inflicted injury with a firearm were four times more likely to die than suffer nonfatal injury. The location of injury could be partially responsible for the lethality of self-inflicted gunshot wounds. Self-inflicted gunshot wounds are primarily to the head and neck, whereas other types of gunshot wounds (intentional and unintentional) primarily involve the extremities (Gotsch, 2001).

## **Key Point**

Firearms are already the most prevalent means of committing suicide in the United States, and they are used with increasing frequency.

## Risk Factors in Context

Now that we have an understanding of the risk factors associated with suicide, we must review a model with which to interpret the roles of these factors. Mann and colleagues (1999) developed one of the few current models for understanding suicide. Their model, known as the stress diathesis model or trigger-threshold model, identifies two types of risk factors at work in the suicidal person. The first type, the trigger, is a precipitating event such as the loss of a loved one, argument with family, or acute medical diagnosis. The other factors are classified as the threshold type, and they are the enduring factors or characteristics that increase a person's risk. These include personality disorders, substance abuse, and family history. Mann and colleagues suggest that the individual must experience at least one risk factor from each type to attempt or complete suicide. Independently, multiple factors of a single type do not produce suicide; rather, the combination of the enduring and acute factors result in suicide.

Shea (1999) describes an additional framework for understanding suicidality. This framework includes not only the risk factors associated with suicide but also individual phenomenology. Each person has unique cognitive, emotional, environmental, and biological experiences, which influence their reaction to risk factors. Also, included are the current environment and the experiences of those surrounding the individual. As Shea (1999) so directly states, it is not risk factors that cause individuals to commit suicide, rather it is their decision that suicide is the only viable answer to their unique set of circumstances that results in death.

### **FYI**

If you would like more information about suicide risk assessment you can check out our "Assessment, Treatment, and Legal Issues course."

## Protective Factors

Why do some individuals with a variety of risk factors do not even experience suicidal ideation, while others commit suicide? In addition to risk factors, researchers have identified protective factors that act to guard against suicide. Borowsky and colleagues (2001) found that risk can be decreased by 70% to 85% in adolescents who had at least 3 protective factors. In general, a sense of connectedness, a positive world view, and a variety of coping skills act as protective factors. In adolescents, protective factors include connectedness to family, connectedness within school (both to teachers and other students), strong emotional health, and high grades (Borowsky et al., 2001). In adults, marriage and young children in the home, meaningful ways of coping with stress, and an awareness of religious/moral/social opposition have been found to guard against suicide (Oquendo et al., 1997). In addition, Rubenowitz and colleagues (2001) found that involvement with a hobby or organization decreased the risk for suicide. Even for individuals with levels of depression comparable to those of suicide attempters, a positive world view decreases hopelessness and thus reduces the risk for suicide (Malone et al., 2000).

While protective factors cannot necessarily be influenced by intermediaries, those intermediaries should consider when making decisions regarding intervention. Hence, clinicians and other intermediaries should try to elicit the protective factors at work in an individual's life to gain a more complete picture of his or her suicide risk

## Key Point

Protective Factors include:

- λ Connectedness
- λ Positive world view
- λ Variety of coping skills

## Common Myths

Suicide is such a taboo subject in most cultures that a variety of myths are often associated with the topic. How much do you know about the common myths?

1) Individuals who talk about suicide never really do it. They just want attention.

True  False

2) Individuals who kill themselves always look bad before they attempt suicide.

True  False

3) Once an individual thinks about suicide he/she is suicidal forever.

True  False

4) The typical person who commits suicide is crazy or insane.

True  False

5) Only a trained professional mental health therapist can help a suicidal individual.

True  False

Submit Answers

## Answers

1) False is correct. Most people who attempt suicide have told family, friends or professionals about their intention.

2) False is correct. Most individuals who attempt suicide want relief from pain. You can learn more about this in our "Introduction to Suicide" course.

3) False is correct. Hopefully after an attempt the individual has gotten some help dealing with the pain he/she had. Once the pain is diminished, the suicidal thoughts also disappear. But beware: if a person is still suffering from overwhelming pain and no alternative solutions have become available, then he/she is still at risk.

4) False is correct. First, there is no typical person who commits suicide. Secondly, although many people have the symptoms of mental illness at the time of death, the percentage of individuals diagnosed with mental illness who kill themselves is very low.

5) False is correct. Anyone can help a suicidal person. It takes support from a variety of sources to help him/her through the crisis.

## In Practice

What are some of the myths, folklore, and stereotypes that you have about suicide? It is a good idea to think about these because they will influence how you interact with someone who is suicidal.

**Paul**

Paul is a 66-year-old man with whom you have recently been in contact. Paul is a retired laborer for a local factory. He is in fair health for his age but does show the common problems associated with years of hard labor. Through your interaction with him, you know that he is rather isolated both geographically and socially. He lives on a 5-acre lot in the country with his girlfriend. He also has a couple of friends with whom he occasionally goes out to the bar. Since he retired a year ago, he tells you that he basically sits and watches TV and drinks beer until his girlfriend gets home from work to cook dinner.

From talking with his girlfriend, you learn that he drinks about a 12-pack of beer per day. She claims that he has not been the same since he retired. She says he does not ever want to go out dancing or to the racetrack, which they used to do a couple times per month. He has also talked to her about feeling useless since he is no longer working.

You learn from his daughter that he has a history of mild depression after her mother died 10 years ago. The loss was sudden and unexpected by the family. His daughter also reports that he used to come to her house to spend the night when he had fights with his girlfriend, and this behavior had become more frequent in the last few months. She is concerned because recently she confronted him about driving while intoxicated, and now he no longer comes to her home.

Paul and his girlfriend are fighting one night when he tells her she would be better off without him. He then storms out to his truck, races out of the driveway, and stays out all night. He buys a case of beer and goes down to the river, where he stays up all night contemplating his life. The next day as she returns from work she is relieved to see his truck in driveway. When she enters the house she finds him dead, having shot himself in the chest with his hunting rifle.

**Practical Application**

Here is the background of a case for you to assess. The following pages allow you to evaluate the warning signs presented here.

## Practical Application

For each of the following factors please indicate if it is a risk factor for suicide.

Factors	Yes	No
History of Depression	<input type="checkbox"/>	<input type="checkbox"/>
Past work as laborer in factory	<input type="checkbox"/>	<input type="checkbox"/>
Risk taking behavior such as driving while intoxicated, staying out all night	<input type="checkbox"/>	<input type="checkbox"/>
Saying he is better off dead	<input type="checkbox"/>	<input type="checkbox"/>
Conflict with family and girlfriend	<input type="checkbox"/>	<input type="checkbox"/>
Presence of a gun in the home	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV all day	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Interest in Hobbies (dancing and racetrack)	<input type="checkbox"/>	<input type="checkbox"/>

Submit Answer

## Answers

1) **History of depression** is a risk factor. This risk factor was discussed in the Diagnostic Factors section of this course.

2) **Lack of interest in hobbies (dancing and racetrack)** is a risk factor. This risk factor was discussed in the Environmental Factors section of this course.

3) **Risk taking behavior** is a risk factor. This risk factor was discussed in the Psychological Factors section of this course.

4) **Saying he is better off dead** was a risk factor. This risk factor was discussed in the Psychological Factors section of this course.

5) **Conflict with family and girlfriend** is a risk factor. This risk factor was discussed in the Environmental Factors section of this course.

6) **Presence of a gun in the home** is a risk factor. This risk factor was discussed in the Environmental Factors section of this course.

7) **Alcohol abuse** is a risk factor. This risk factor was discussed in the Diagnostic Factors section of this course.

## Summary

Risk factors for suicide can be classified into four basic areas:

- λ **Demographic factors:** Older, white males are at highest risk for suicide, followed closely by young people.
- λ **Diagnostic factors:** Individuals who are diagnosed with mental and medical illness represent a higher risk group. The mental illnesses that are at highest risk include depression, bipolar disorder, those with comorbid substance abuse, and personality disorders.
- λ **Psychological factors:** Individuals who are suicidal exhibit these psychological factors: cognitive distortion, helplessness, hopelessness, impulsivity, external locus of control.
- λ **Environmental factors:** Environmental influences on suicide risk are social support, access to means, and precipitating events.

Protective factors for suicide include:

- λ Connectedness
- λ Positive world view
- λ Coping skills

Myths about suicide are plentiful and damaging. It is important to remember that suicidal behavior is a preventable, treatable, and passing. People who experience suicidal thoughts and feelings need appropriate social and professional support.

### References, Links, and Credit

Please review the additional information below and then proceed to the appropriate link to receive credit for your time.

Here are the [references](#) for this course.

Here is a list of [additional resources](#).

[Continue to the post-test to receive your credit and certificate.](#)

◀◀ **BACK**

