

Suicide Risk Factors and Warning Signs

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Presentation Outline

1. Introduction to the Problem of Suicide
2. Suicide Risk Assessment
3. School-based Suicide Intervention
4. Questions and Answers

Presentation Goals

- When you leave this session I hope that you will have...
 1. a better understanding of the magnitude of the problem of youth suicide.
 2. increased your knowledge of suicide risk assessment.
 3. increased your knowledge of how schools should intervene with the student at risk for suicidal behavior.

Part 1

Introduction to the Problem of Suicide

GOAL:

Develop a better understanding of the magnitude of the problem of youth suicide.



SACRAMENTO
STATE

National Youth Suicide Statistics

- ❑ Third leading cause of death among 10 to 24 year olds. *
- ❑ 19% of high school students report having seriously considered suicide in the prior 12 months. **
- ❑ 14.8% report having made a suicide plan in the prior 12 months. **
- ❑ 8.8% of high school students report having attempted suicide. **
- ❑ 2.6% indicating that the attempt required medical attention. **
- ❑ 100 to 200 attempts for each completed suicide. ***

**Fatal Injury Reports, 2003*, <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>

***Youth Risk Behavior Survey (2003)*, www.cdc.gov/HealthyYouth/yrbs/index.htm

****McIntosh (2004), Suicide Data Page*, <http://www.suicidology.org/displaycommon.cfm?an=1&subarticlenbr=21>

Other Suicide Facts: All Age Groups

(2002 National Data)

- Total number of deaths = 31,655*
 - 11th leading cause of death.
- More men die by suicide.*
 - Gender ratio 4.068 male suicides (n = 25,409) for each females suicide (n = 5,682).
- Suicide Rate = 11/100,000 (males, 17.9; females, 4.3).*
- 54% of suicides were by firearms (5.5/100,000).
- Highest suicide rate is among white men over 85 (54.87/100,000** vs 7.4/100,000* among 15-19 year olds***).

*Kochanek, K.D., Murphy, S.L., Anderson, R.N., & Scott, C. (2004). Deaths: Final data for 2002. *National Vital Statistics Reports*, 53(5). Hyattsville, MD: National Center for Health Statistics. DHHS Publication No. (PHS) 2005-1120.

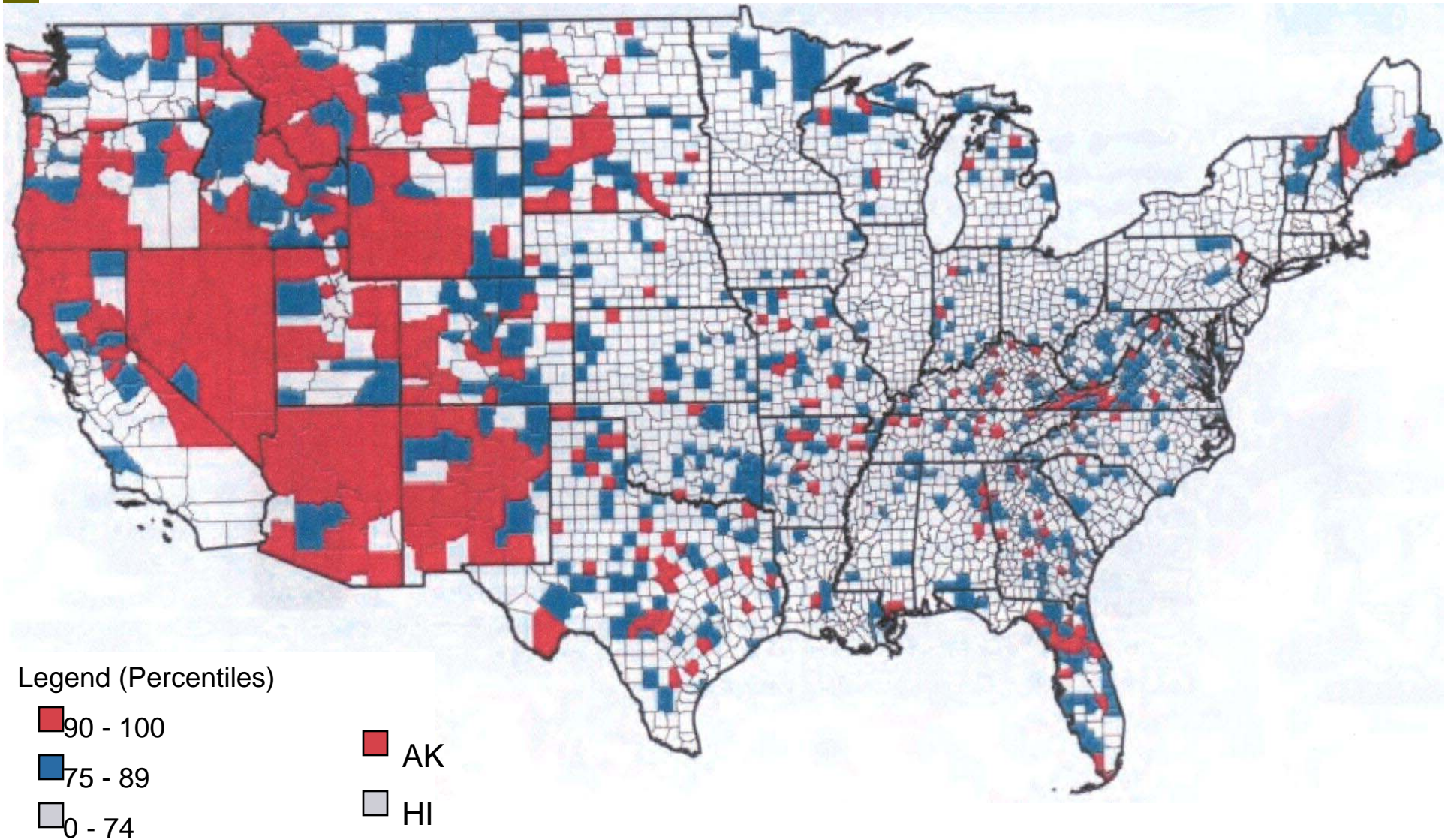
www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_05.pdf

**National Center for Injury Prevention and Control (2004), http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

***Fatal Injury Reports, 2003, <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>

Suicide Rates by County (2001 Data)

CA = <http://www.injuryprevention.org/states/ca/casu-co.htm>



Suicide Rates by State (2002 Data)

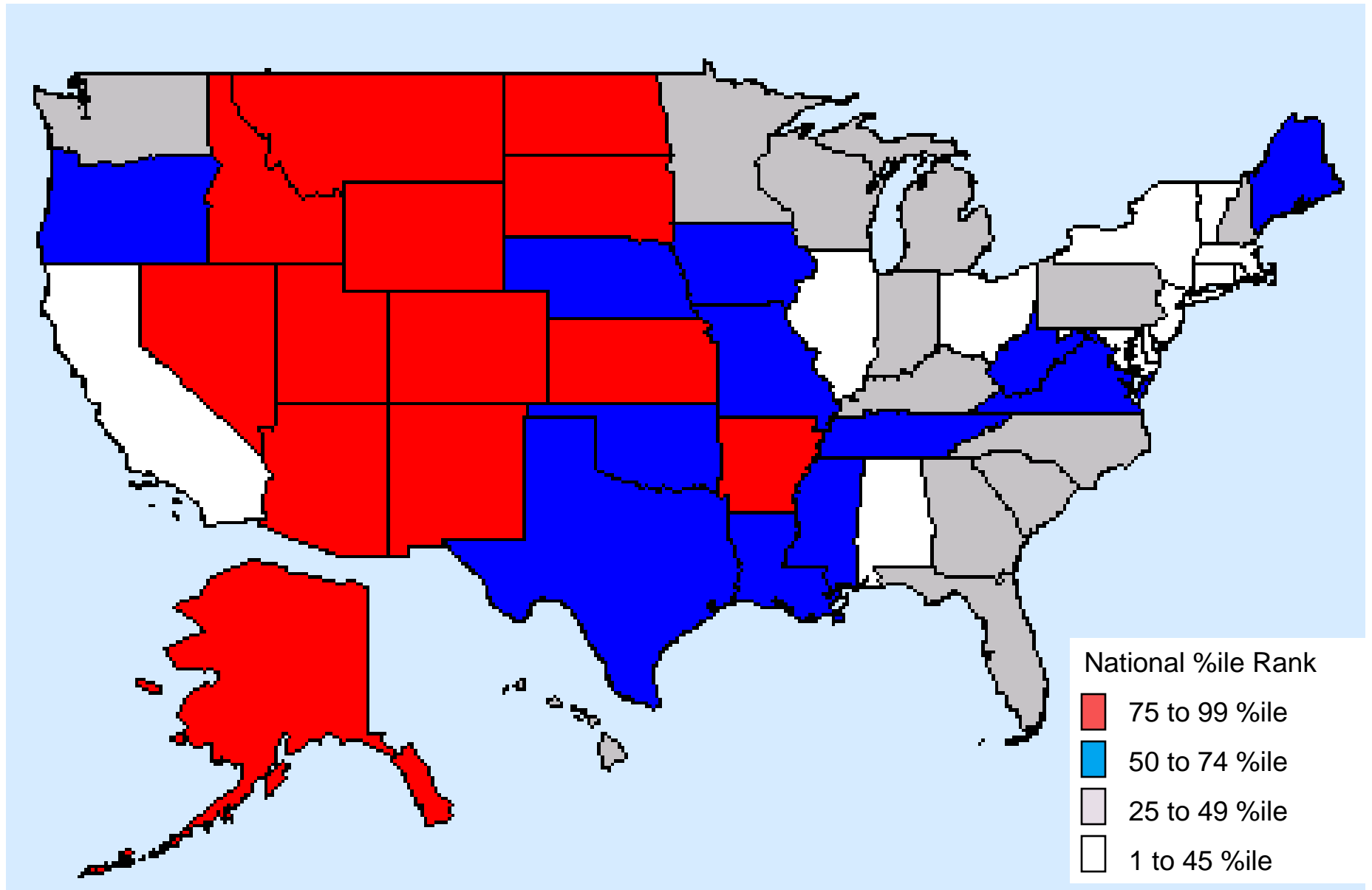
Rank	State	Rate
1	Wyoming	21.1
2	Alaska	20.5
3	Montana	20.2
4	Nevada	19.5
5	New Mexico	19.8
6	Arizona	16.3
7	Colorado	16.1
8	West Virginia	15.3
9	Idaho	15.1
10	Vermont	14.9

42	California (up from 46 in 2001)	9.2

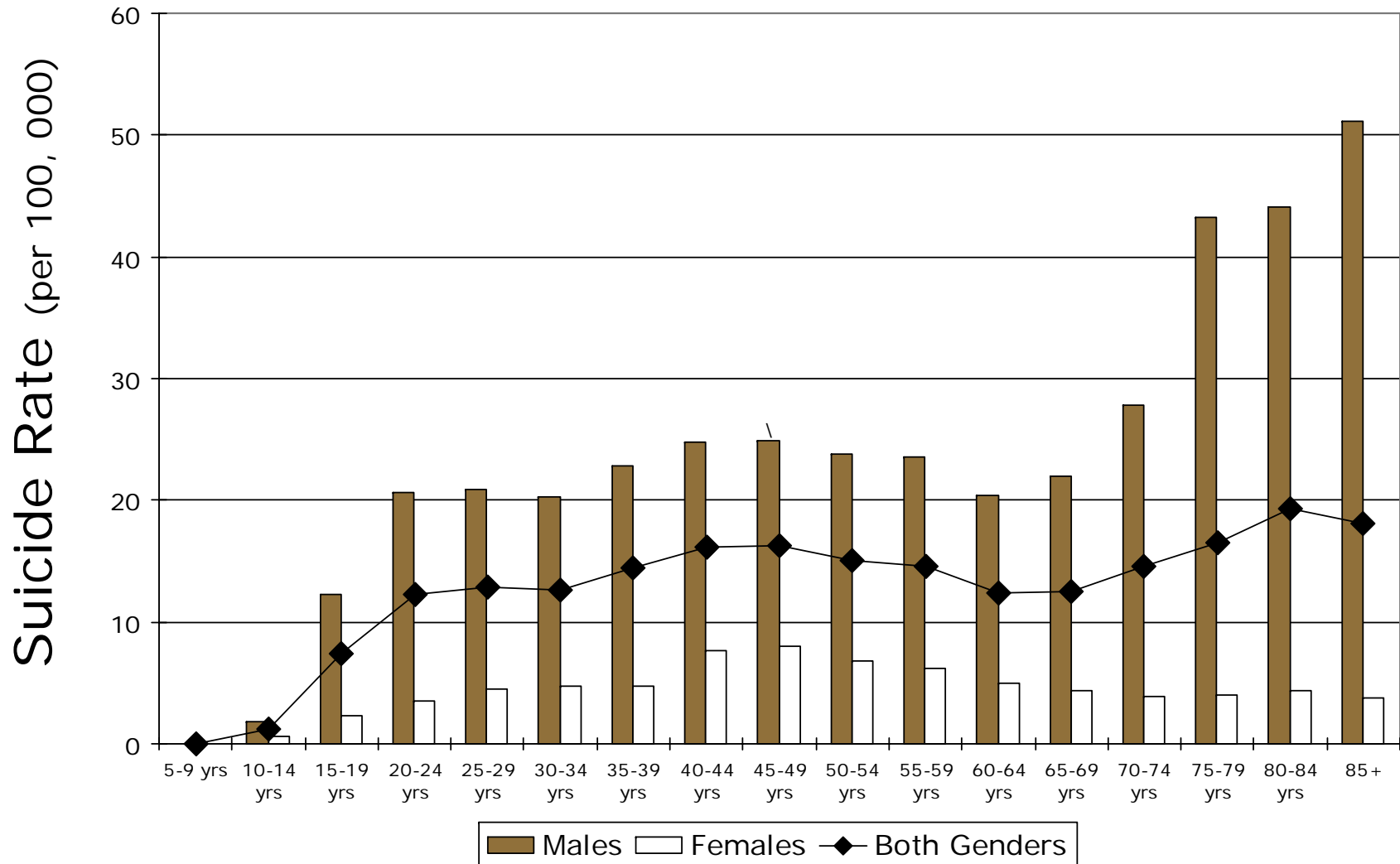
Source: [Kochanek et al. \(2004\)](#)

Youth (10-19) Suicide Rates by State

(1989 to 1998)

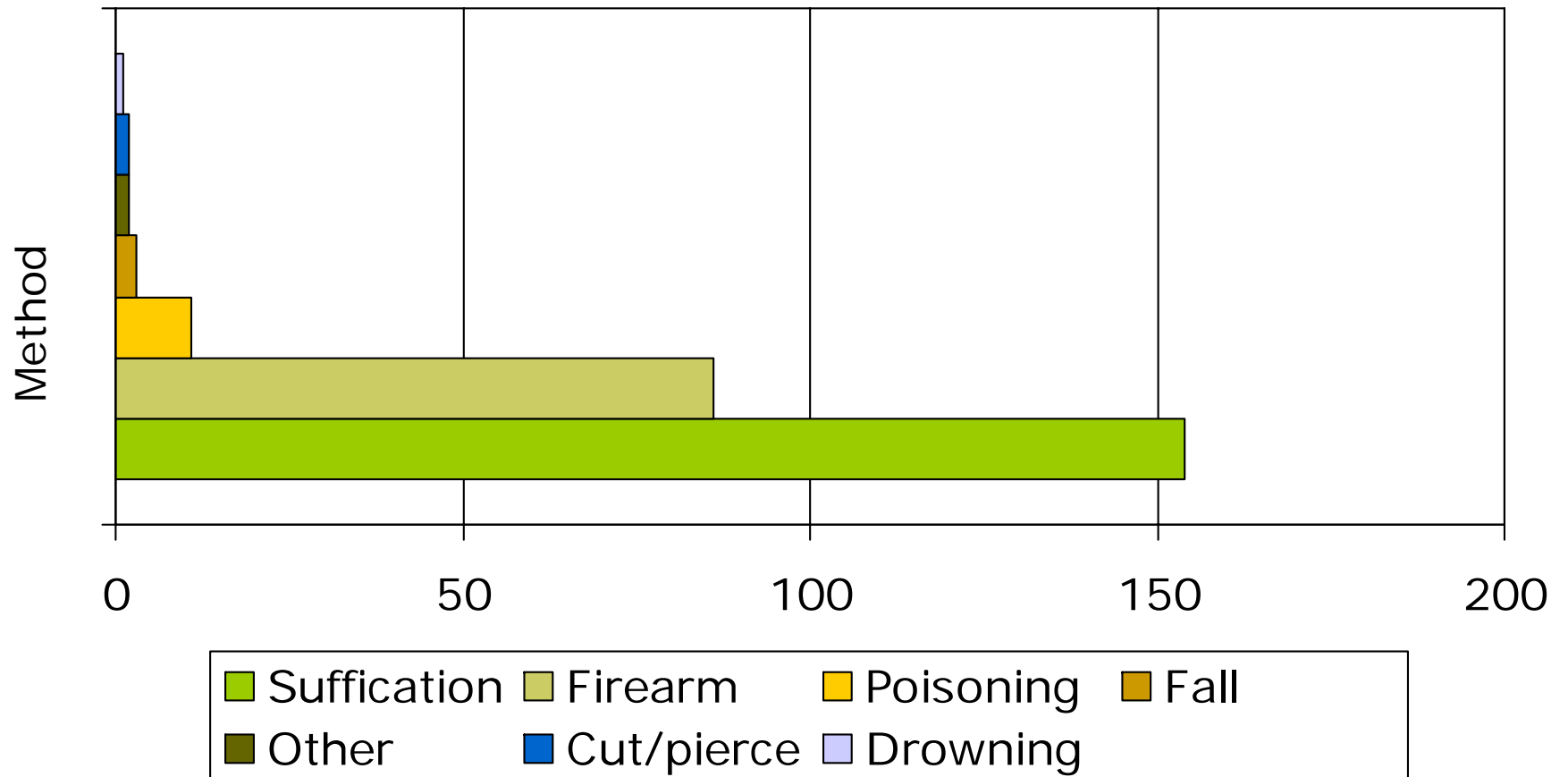


Suicide Rates by Age & Gender 2002



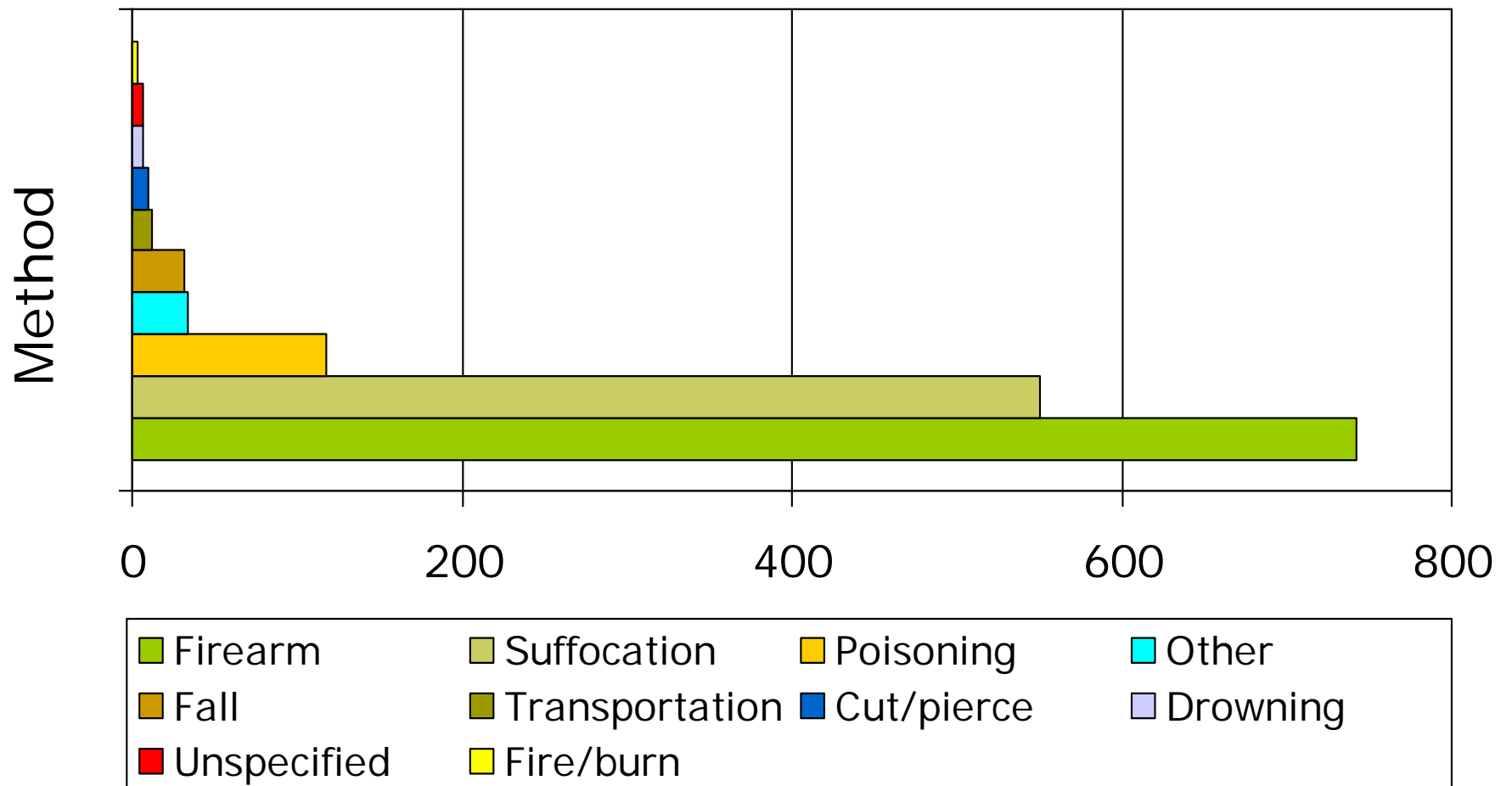
Source: NCIPC (2004)

Suicide Methods: 10-14 Year Olds (2002 data)



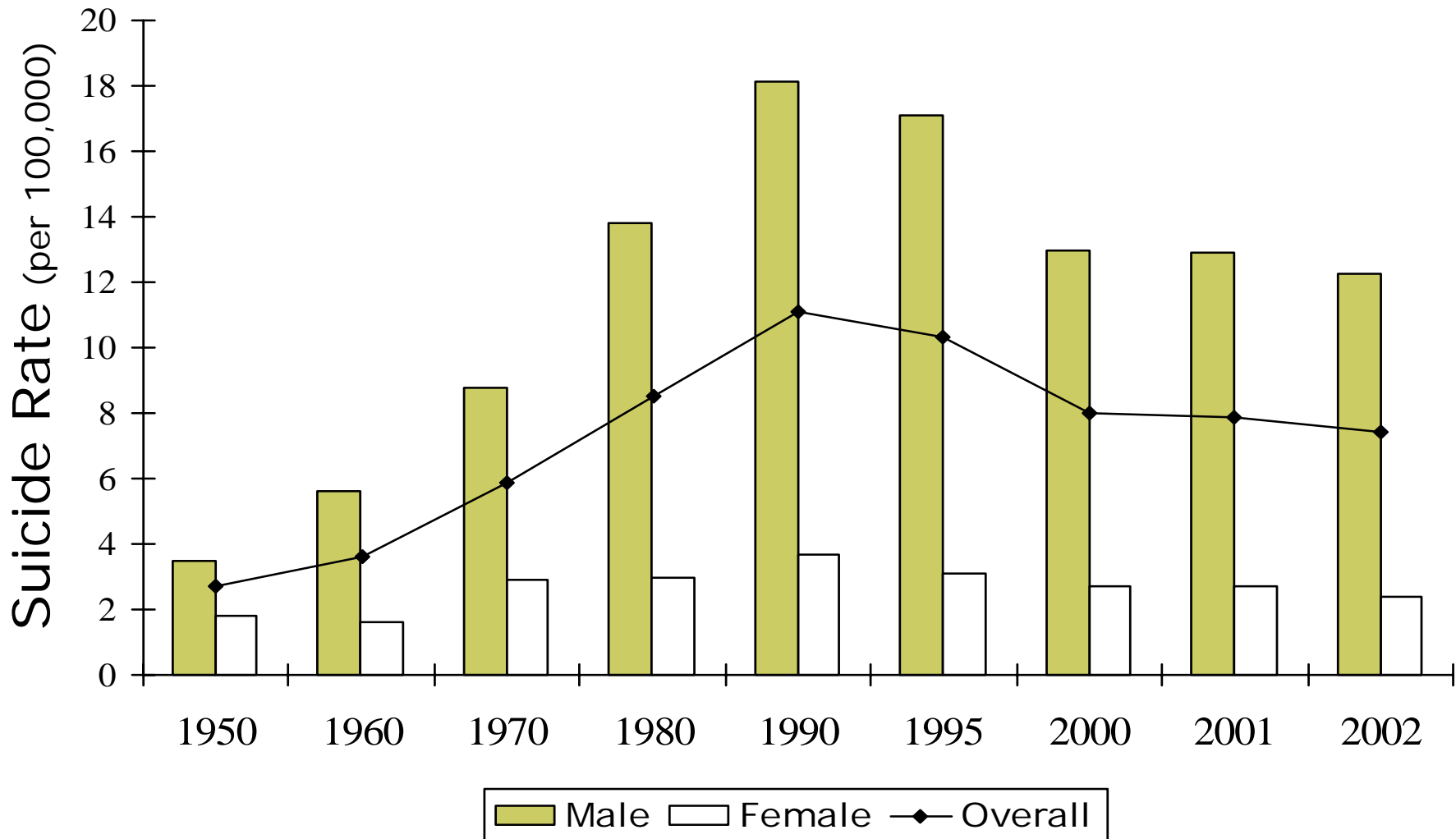
Source: NCIPC (2004)

Suicide Methods: 15-19 Year Olds (2002 data)



Source: NCIPC (2004)

15-19 Year Old Suicide Rates Over Time



Source: NCIPC (2004)

Part 2

Suicide Risk Assessment

GOAL:

Increase your knowledge of suicide risk assessment.



Recognizing the Need for a Suicide Risk Assessment

□ Risk Factors

- Variables that signal the need to look for warning signs of suicidal thinking.

□ Warning Signs

- Variables that signal the possible presence of suicidal thinking.

Suicide Risk Factors

□ Psychopathology

- Associated with 90% of suicides
- Prior suicidal behavior the best predictor
- Substance abuse increases vulnerability and can also act as a trigger

□ Familial

- History
- Stressor
- Functioning

Suicide Risk Factors

- Biological
 - Reduced serotonergic activity
- Situational
 - 40% have identifiable precipitants
 - A firearm in the home
 - By themselves are insufficient
 - Disciplinary crisis most common

Suicide Warning Signs

- ❑ Suicide notes
- ❑ Direct & indirect suicide threats
- ❑ Making final arrangements
- ❑ Giving away prized possessions
- ❑ Talking about death
- ❑ Reading, writing, and/or art about death
- ❑ Hopelessness or helplessness
- ❑ Social Withdrawal and isolation
- ❑ Lost involvement in interests & activities
- ❑ Increased risk-taking
- ❑ Heavy use of alcohol or drugs

Suicide Warning Signs

- ❑ Abrupt changes in appearance
- ❑ Sudden weight or appetite change
- ❑ Sudden changes in personality or attitude
- ❑ Inability to concentrate/think rationally
- ❑ Sudden unexpected happiness
- ❑ Sleeplessness or sleepiness
- ❑ Increased irritability or crying easily
- ❑ Low self esteem

Suicide Warning Signs

- ❑ Dwindling academic performance
- ❑ Abrupt changes in attendance
- ❑ Failure to complete assignments
- ❑ Lack of interest and withdrawal
- ❑ Changed relationships
- ❑ Despairing attitude

Asking the “S” Question

- ❑ The presence of suicide warning signs, especially when combined with suicide risk factors generates the need to conduct a suicide risk assessment.
- ❑ A risk assessment begins with asking if the student is having thoughts of suicide.

Identification of Suicidal Intent

- Be direct when asking the “S” question.
 - **BAD**
 - *You’re not thinking of hurting yourself, are you?*
 - **Better**
 - *Are you thinking of harming yourself?*
 - **BEST**
 - *Sometimes when people have had your experiences and feelings they have thoughts of suicide. Is this something that you’re thinking about?*

Predicting Suicidal Behavior (CPR++)

(Ramsay, Tanney, Lang, & Kinzel, 2004;)

- **C**urrent plan (greater planning = greater risk).
 - How (method of attempt)?
 - How soon (timing of attempt)?
 - How prepared (access to means of attempt)?
- **P**ain (unbearable pain = greater risk)
 - How desperate to ease the pain?
 - Person-at-risk's perceptions are key
- **R**esources (more alone = greater risk)
 - Reasons for living/dying?
 - Can be very idiosyncratic
 - Person-at-risk's perceptions are key

Predicting Suicidal Behavior (CPR++)

(Ramsay, Tanney, Lang, & Kinzel, 2004)

- (+) Prior Suicidal Behavior?
 - of self (40 times greater risk)
 - of significant others
- (+) Mental Health Status?
 - history mental illness (especially mood disorders)
 - linkage to mental health care provider

Part 3

School-Based Suicide Intervention

GOAL:

Increase your knowledge of how schools should intervene with the student at risk for suicidal behavior.



School-Based Suicide Intervention

- General Staff Procedures
 - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.
- Risk Assessment/Referral
 - The actions taken by school staff members trained in suicide risk assessment and intervention.

General Staff Procedures

- Responding to Suicide Warning Signs.
 - a) Warning signs include any statement or communication indicating a desire to cause physical harm to oneself. Such warning signs might include suicide notes, indirect threats, and direct threats.
 - b) A potential place for students to write suicide notes and reveal suicidal thoughts is in their journals. Written assignments in general are often the sources of suicide notes as well as direct and indirect suicide threats. English teachers need to be especially sensitive to such communications.

General Staff Procedures

- Responding to Suicide Warning Signs.
 - c) Indirect threats of suicide often take the form of wishes or desires. However, they clearly indicate that the student feels he or she would be better off if he or she were not alive. Such threats might include the following: "I wish I were dead," "Everyone would be better off if I weren't around any more," "If only I could go to sleep and never wake up again," etc.
 - d) Direct threats are clear unequivocal statements that the student is considering suicide as a solution to problems. A student making a direct suicide threat might say; "I'm going to kill myself."
 - e) **A student who has threatened suicide must be carefully observed at all times** until a qualified staff member can conduct a risk assessment.
 - f) The following procedures are to be followed whenever a student threatens to commit suicide:

General Staff Procedures

1. Stay with the student or designate another staff member to supervise the youth constantly and without exception until help arrives.
2. Under no circumstances should you allow the student to leave the school.
3. Do not agree to keep a student's suicidal intentions a secret.
4. If the student has the means to carry out the threatened suicide on his or her person, determine if he or she will voluntarily relinquish it. **Do not force the student to do so. Do not place yourself in danger.**

Suicide Intervention

General Staff Procedures

5. Take the suicidal student to the prearranged room.
6. Notify the Crisis Intervention Coordinator immediately.
7. Notify the Crisis Response Coordinator immediately.
8. Inform the suicidal youth that outside help has been called and describe what the next steps will be.

Concluding Comments

Questions and Answers

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