Suicide Prevention Guide

People at risk for suicide can be identified through self-report, family report or a positive response on a depression screening or suicide risk assessment tool. Many factors can contribute to suicide and depression is the most commonly associated health factor.

Risk Factors for Suicide

Risk factors for suicide are the conditions, characteristics, stressors and experiences that increase the likelihood of a suicide attempt. Risk factors can consist of health, environmental and/or historical factors.

**Health Factors**
- Mental health conditions
  - Depression, Bipolar Disorder, Substance Use
- Medication misuse or abuse
- Feelings of hopelessness
- Co-morbid medical conditions that significantly limit function, life expectancy or the patient’s perception of impact
- Chronic health conditions
- Chronic or severe pain
- Executive functioning impairment

**Environmental Factors**
- Loss of independence
- Social isolation
- Bereavement
- Financial difficulties
- Significant life events i.e. retirement, divorce, natural disasters
- Difficulty adjusting to change
- Prolonged stress
- Access to lethal means

**Historical Factors**
- Past suicide attempt
- Family history of a completed suicide
- Abuse as a child

**Warning Signs**

The following warning signs may indicate that a person is considering suicide:
- Talking or posting about killing one’s self
- Reporting feelings of helplessness and hopelessness
- Depression
- Report of being a burden to others
- Excessive use of drugs and alcohol
- Giving away possessions
- Isolation
- Rage
- Seeking access to lethal means
- Loss of interest in things once found pleasurable
- Sudden upbeat in mood

**Passive Suicidal Ideation**

Passive suicidal ideation is a passive desire to die without a plan to end one’s life.

**Examples:**
- “I wish I didn't wake up.”
- “If I weren't around everyone would be better off.”

**Active Suicidal Ideation**

Active suicidal ideation is an intent to act with or without a specific plan.

**Example (without a specific plan):**
- “I am going to die, I just haven't decided how I'm going to do it.”

**Example (with a specific plan):**
- “I am going to jump in front of the 3:00 p.m. train near my home on Tuesday.”
When suicide risk is identified:

- Take the suicide discussion seriously
- Complete a suicide risk assessment
- **Determine level of care needed** (outpatient psychiatry and/or counseling, emergency department)
- **Keep the patient safe** while awaiting hospital transfer
- If hospitalization is not required, develop a crisis plan
- **Obtain consent** to engage family, friends and emergency services
- **Complete documentation of the suicide risk assessment** and actions taken, including relevant medical decisions and engagement with family or identified supports
- **Identify the method** connected to the suicide intent and patient’s **access to means of harm** (stockpiled medications or firearms)
- Develop a **plan for removal of items** from patient access that are a risk to their safety
- **Treat** using best practice standards
- **Provide the National Suicide Prevention Lifeline**, 1-800-273-8255

Protective Factors

Protective factors are mechanisms that aid in assisting individuals in coping with triggers and challenging life events. Protective factors can be internal such as coping strategies, frustration tolerance, and spirituality or external such as social and familial supports, pets, children and therapeutic relationships.

Protective factors alone do not mean that a patient is at a lower risk for suicide and a thorough assessment is highly recommended.

Prevention Factors

Suicide is preventable. Several steps can be taken to increase patient safety:

- Implement routine depression screenings
- Monitor mood and repeat depression screenings on a regular basis for people diagnosed or at risk of depression
- Educate your team to be aware and alert for signs of depression
- Be knowledgeable of factors that contribute to late life depression
- Provide education on risk and protective factors
- Share and post the suicide prevention hot line number and suicide prevention apps
- Assess for isolation and loneliness
- Address chronic pain and sleep deprivation
- Provide behavioral health information and support group information
- Collaborate with community behavioral health services

References


Alliant Quality’s resources are not designed to replace your clinical judgment when responding to suicide safety concerns.