Just the Facts Part Two: Risk Factors

What to be thinking about as you are getting all the facts.

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SUICIDE



Facts About Suicide

- Suicide is the 9th leading cause of death
- Approximately 30,000 Americans die of suicide each year
- The number of attempted suicides is estimated to be 650,000
- There are about 85 suicides a day in this country about 1 every 20 min
- Suicide by firearm is the most common method for both men and women, accounting for 61 % of all suicides
- Approximately 80% of the individuals who attempt or commit suicide DO give some indication of their impending action
- There are approximately 8-25 attempts to one completion
- The highest rate of suicide is for persons over the age of 65 (SMC Training handouts)

Suicide Risk Factors

- A family history with a mental or substance abuse disorder
- Family history of suicide
- Family violence including physical, emotional, and sexual abuse
- Recent or perceived loss (not just death)
 of a friend, family member, pet, or a
 breakup of a relationship.

Suicide Risk Factors

- Firearms in the home
- Incarceration
- Exposure to the suicide of others, including family, peers and/or media news or fiction (The closer the relative, the greater the risk)
- Acute intoxication

Suicide Warning Signs

- A change in habits (sleeping, eating, studying, activity level, sexual activity, job)
- Giving away prized possessions
- Increase in drug or alcohol abuse
- Depression
- Talking about suicide or threats to commit suicide (implied or explicit)
- Cutting off friendships- isolation

Suicide Warning Signs Cont.

- Reckless/thrill-seeking behavior
- Expressing helplessness or an "I don't care" attitude
- Feeling life is less meaningful, hopeless
- Preoccupation with death
- Making arrangements, setting one's affairs in order
- Command hallucinations (SMC Training handouts)

SAD PERSONS Scale

- S- Sex
- A- Age
- D- Depression
- P- Previous Attempt
- E- ETOH or other drug use
- R- Rational Thinking
- S- Social Supports
- O- Organized Plan
- N- No Spouse
- S- Sickness

Patterson 1983

Myths Related to Suicide

- People who commit suicide always leave notes
- People who are serious about suicide don't warn others
- People who talk about suicide are just trying to get attention. They won't really do it
- Once someone has already decided to commit suicide, nothing is going to stop them
- Once the emotional state improves, the risk of suicide is over
- After a person has attempted suicide, it is unlikely they will try again
- Don't mention suicide to someone who's showing signs of severs depression. It will plan the idea in their minds and they will act on it
- An unsuccessful attempt means the person wasn't serious about ending their life

Risk Factors and Addiction

- Studies have shown that there is an increased suicide risk among individuals who abuse substances.
- The suicide rate for persons who are heroin dependent is about 20 times the rate for the general population
- High correlation between addiction and other mental illnesses as well as personality disorders

Substance Abuse and Suicidality

- Among completed suicides in persons under age 30, the majority had a principal diagnosis of substance abuse
- Substance abuse with a co-occurring disorder increases the risk of suicide
- More than 90% of suicidal, intoxicated individuals are no longer suicidal upon reaching sobriety

Weiss 1999

Alcoholism

 One-quarter of all emergency room admissions, one-third of all suicides, and more than half of all homicides and incidents of domestic violence are alcohol-related.

"Sobering Facts on the Dangers of Alcohol", NY Newsday, April 24, 2002.

Relationship between suicide and mental illness

- The presence of a severe psychiatric disorder, such as major depression, is probably the single strongest statistical correlate with suicide risk
- Major depression leads the pack, followed by schizophrenia and individuals with Borderline and Anti-social personality disorder

Psychosis as a Risk Factor

- Psychosis should be considered a potentially major suicide factor, because rational thought often acts as the final obstacle to self-destruction
- Any evidence of psychosis warrants a thorough evaluation of lethality
- Command hallucinations
- Feelings of alien control
- Religious preoccupation

Sadock 2003

VIOLENCE TO OTHERS

Things to consider

- Dangerousness is typically a temporary state along a continuum: low to high risk
- Strong tendency to overestimate risk
- Must be aware of our own personal biases to make sure they are not causing us to overestimate the risk

Risk factors and Violence

- History of Violence is #1
- Substance abuse
- Active psychosis- not chronic
- Young age <30</p>
- Antisocial personality disorder

Dynamic factors

- Degree of organization
- Degree of desperation and/or despair
- Recent losses: perceived or real
- Concern by significant others of follow-through of threat
- Active paranoid delusions
- Anger
- Impulsivity
- TBI

Children

- Population studies show that at any one time between 10 and 15 % of the child and adolescent population has some symptoms of depression
- After age 15, depression is twice as common in girls and women as in boys and men

SPECIAL POPULATIONS

Suicide Rates and Children



- The suicide rate is rising among young persons, particularly males age 15 to 24.
- Suicide is the third leading cause of death in the 15 to 24 yr old age group, after accidents and homicides
- Suicide is the second leading cause of death among adolescents
- In 1995, 330 children ages 10 to 14 killed themselves and 7 children, ages 5 to 9, committed suicide
- Attempted suicides in the 15 to 24 yr old group is between 1 million and 2 million annually

Shea 1999



- Elderly persons have a higher risk for suicide than any other population
- 1/3 of elderly persons report loneliness as the principal reason for considering suicide
- 10% of elderly with suicidal ideation report financial problems, poor medical health, or depression as reasons for suicidal thoughts
- Most elderly persons who commit suicide communicate their suicidal thoughts to family or friends prior to the act of suicide

Steffens 1999

Native Americans

 The Native American male adolescent and young adult suicide rate in Indian Health Service Areas was the highest in the Nation, with a suicide rate of 62.0 per 100,000

Psychiatric Emergencies

- Mood Disorders
 - Depressive episodes
 - Manic episodes
- Schizophrenia
- Alcohol Dependence
- About 40% of all patients seen in psychiatric emergency rooms require hospitalization
- The greatest potential error in emergency room psychiatry is overlooking a physical illness as the cause of an emotional illness

Reference List

- Patterson, Dohn, Bird & Patterson. Evaluation of Suicidal Patients: The SAD PERSONS scale. Psychosomatics 24: 343-349. 1983.
- Sadock, Benjamin & Virginia Sadock. <u>Kaplan & Sadock's Synopsis Of Psychiatry</u>. 9th ed. 2003.
- Shea, Shawn. <u>The Practical Art of Suicide</u> <u>Assessment.</u> 1999.
- Steffens, David & Dan Blazer. Suicide in the Elderly. <u>The Harvard Medical School Guide to Suicide</u> <u>Assessment and Intervention</u>. 1999.
- Weiss, Roger & Michael Hufford. Substance Abuse and Suicide. The Harvard Medical School Guide to Suicide Assessment and Intervention. 1999.