

# Suicide assessment

## Suicidal ideation

Does the person have thoughts of hurting him or herself? Such ideation is highly linked to completed suicide. If you get the notion this might be the case don't be afraid to inquire further.

## Suicide plans

If suicidal ideation is present, then ask directly about plans for such acts. In general, the more specific such plans, the greater the danger. Has the person access to a gun and ammunition, bought a rope or hose, bought medication, made a will, started giving away valuables, written a note, plans for who will take care of children or other indications of suicide.

What is the purpose of the suicide, what does the person think they might gain by committing it? Relieve them of mental or physical pain? Make the situation better for their loved ones (believe they are a burden)? By getting more detailed information you get a better picture of the seriousness.

## Signs and risk factors.

- The person feels severely hopeless.
- Persons with definite plans to kill themselves.
- Prior suicide attempts
- Behaviour that indicates leaving life – Saying goodbye to family and friends, making a will, writing a suicide note, developing funeral plans, giving away things of personal or monetary value.
- Strong family history of suicides. Especially if approaching anniversary or age of the deceased relative.
- The presence of a gun in the household.
- Has the person history of: Mental illness, alcohol or substance abuse, been abused physically or sexually?
- Being under the influence of alcohol or other mind-altering drugs, especially if they can lead to depression. (Note that many suicide attempts under the influence of alcohol or drugs are impulsive and the person does not have clear plans).
- The person has experienced severe unexpected loss – left by the spouse, lost a job or other experiences that may have led to the loss of dignity.
- The person is isolated or alone.
- The person has a depression of any type (persons with bipolar depression may even be at more risk).
- Anxiety can be a risk for suicide. The constant sense of dread and tension can become unbearable for some.
- A person with psychotic illness, that hears voices that command them to commit suicide.
- Persons that have recently been discharged from a psychiatric hospital where they've had good structure, routine and safety may feel apprehensive when confronted with the reality of life. The change can make them anxious and vulnerable.

- If you get a feeling of a person's imminent suicide, take it seriously even though they don't admit it. Those who are determined will not necessarily tell you about their plans.

#### **What are the persons protective factors?**

- Is the person involved in a social network of friends, family and co-workers? Do they express any plans with them? Social networks are supportive and give meaning to life.
- Does the person have a long-term goal? Then they might have a different perspective on small obstacles or losses.
- Does the person have a future event to look forward to? A child's graduation, a wedding or holidays.
- Having someone in their life that is dependent on them.
- Being in a loving relationship or partnership.
- Does the person live with someone? A spouse, friend, roommate etc so they are never alone.
- A pet, like a dog or a cat, might give the person a reason to live. The pet would be dependent on the person as well as providing unconditional love and acceptance.
- Does the person have a therapist or a doctor they feel connected to? Someone they can call when distressed, share their thoughts and feelings instead of acting upon them.
- Having a strong religious faith that does not sanction suicide and affirms life can make suicide a very distant solution for the person.

#### **Don't be afraid to ask/talk about suicide**

You're not initiating the idea!

Suicide might be the only option they can see at the moment. Talk about how valuable they are. Speak hope into their lives. They might feel like they are doing other people a favour by committing suicide, show them the value of continued life.

Ask them about how each member of their family might feel should they die, so the impact of the loss becomes a reality for them.

Although women attempt suicide more often than men, men are more likely to succeed in their attempts. They tend to use more violent methods with "better chances of success". (Firearms, hanging, jumping from high places).

**At the beginning of a conversation, you should get permission to call a close friend or relative and get their number. Call that person if you have the slightest notion of suicide risk or call their doctor or the police if you don't have a close friend or relative and get them involved.**

**If the person indicates suicidal thoughts, but no immediate threat that demands action on your behalf, make the person promise that they will not hurt themselves until you meet again. And should the thoughts emerge again, that they then call you immediately before the next session. You can introduce them to a scale where 10 means you are happy and 1 is hopeless and suicidal. When the person feels they're at 3 they should call you. (Before it is too late).**

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