

Resource Sheet #1-1: Risk and Protective Factors

Risk Factors: Associated (by empirical study) with an increased occurrence of suicidal behavior (The list is not prioritized nor exhaustive)

Individual

- Mental disorders:
 - Depression
 - Schizophrenia
 - Anxiety disorders
 - Borderline personality disorder
- “States of mind:”
 - Hopelessness
 - Impulsivity
 - Low self-esteem
 - Psychic pain
- Behaviors:
 - Social withdrawal
 - Alcohol or drug abuse
 - Aggressive tendencies or history of violent behavior
 - Previous suicide attempt
- Gender
 - Male (for completions)
 - Female (for attempts)
- Older age
- Race
 - White
 - Native American
- History:
 - Previous psychiatric treatment
 - History of trauma or abuse
 - Some major physical illnesses; severe impairment of physical health
- Suicide ideation
- Physical
 - Low CSF 5-HIAA
 - Low cholesterol blood levels
 - Low blood glucose
- Access to means (e.g., firearms, poisons)

Peer/Family

- History of interpersonal violence, conflict, abuse, bullying
- Family history of alcoholism
- Social isolation: low or lack of social support and sense of isolation
- Exposure to suicidal behavior: family history of suicide
- Exposure to suicide
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health services and substance abuse treatment
- No-longer married
- Loss of close attachment/relationship (e.g., divorce, death of spouse)
- Access to means (e.g., firearms, poisons)

Community

- Access to lethal means: (e.g., bridges)
- Unemployment or financial loss
- Relational or social loss/humiliation
- Local clusters of suicide that have a contagious influence
- Barriers to health care and mental health care
- Stigma
- Exposure to suicide (e.g., media or memorials)

Society

- Certain cultural and religious beliefs (e.g., suicide is a noble resolution of a personal dilemma)
- Societal breakdown
- Western geography
- Rural/Remote
- Cultural values and attitudes
- Media influence
- Alcohol misuse and abuse
- Economic instability

Protective Factors: <u>Associated</u> (by empirical study) with a decreased occurrence of suicidal behavior (The list is not prioritized nor exhaustive)		
<p>Individual</p> <ul style="list-style-type: none"> • Cultural and religious beliefs that discourage suicide and support self-preservation • Support through ongoing health and mental health care relationships • Coping/problem solving skills • Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy • Intellectual competence (youth) • Reasons for living 	<p>Peer/Family</p> <ul style="list-style-type: none"> • Family cohesion (youth) • Sense of social support • Interconnectedness • Married/parent • Access to comprehensive health care 	<p>Community</p> <ul style="list-style-type: none"> • Access to healthcare and mental health care • Social support, close relationships, caring adults, participation and bond with school • Respect for help-seeking behavior • Skills to recognize and respond to signs of risk <hr/> <p>Society</p> <ul style="list-style-type: none"> • Urban/Suburban • Access to health care & mental health care • Cultural values affirming life • Media influence

Websites that provide current suicide-related data include: American Association of Suicidology. www.suicidology.org; Suicide Prevention Resource Center. www.sprc.org National Institute of Mental Health. <http://www.nimh.nih.gov/research/suicide.cfm> Centers for Disease Prevention and Control. <http://www.cdc.gov/scientific.htm>

Exercise #1

Read the following case study and **underline** all suicide-related risk factors that apply to Justina; **circle** all suicide-related protective factors that apply to Justina.

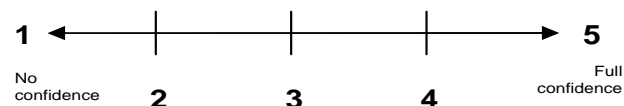
Justina is an 18 year old female who has been living in a woman's shelter for the past 6 months because she has no other living alternative. Her mother lives in a large urban city with her partner and 4 of Justina's younger half-siblings. Her father lives just down the road in a small neighboring town. He is a chronic alcoholic and has not spoken with Justina in over a year. He is under a restraining order due to a history of child abuse. She has not lived with either parent since 11. Throughout her childhood and in between placements, Justina lived with her devotedly religious grandmother, for whom she has great fondness and respect. Her grandmother has congestive heart disease and is unable to care for Justina at times. During these times, Justina would skip school, attend drug parties, and steal. She was placed in treatment centers for drug abuse rehabilitation 4 times.

Justina neither completed high school nor obtained a GED. She can read and write but is not proficient at either. She never liked school and was teased for wearing garage-sale clothing, She often got into fights with other girls when they were picking on her. She taught the younger children how to be resourceful and avoid being bullied. Justina also has been resourceful and even entrepreneurial in finding clever (and legal) ways to earn extra money from time to time.

She first began contemplating suicide at the age of 12. At the age of 14, she consumed 20 aspirin to see what it would be like after hearing about a popular bandleader who overdosed on cocaine and died. She does not recall a time when she wasn't feeling sad or depressed.

She called the new counselor at the shelter and told her that she was feeling more and more depressed. The counselor said that she would stop by, but, before she could get there, Justina had apparently taken a full bottle of Tylenol with codeine and been transported to the local hospital.

How confident are you that a completed suicide may be prevented in Justina's case?



Please circle a number that represents your level of confidence.

Exercise #2

Group Justina's risk factors into the following categories:

Individual at risk for suicide	Individual	Peer/Family	Community	Society
Justina Fixed:				
Variable:				