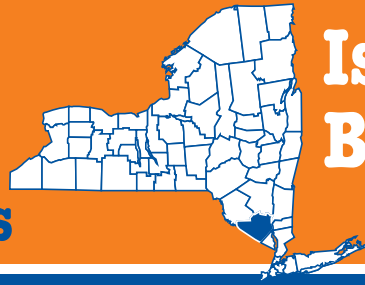


Risk Factors Risk and Protective Factors, and Warning Signs



Issue
Brief **3a**

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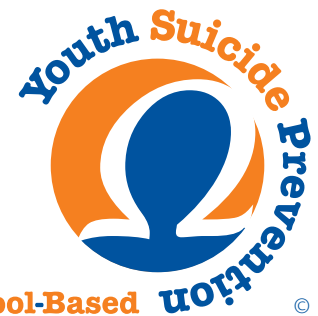
Suicide is the result of an extremely complex interaction involving a number of factors that all contribute to the expression of suicidal behaviors. There are numerous risk factors for suicide, any one of which may be present or absent in an adolescent at-risk for suicide. Researchers have identified a number of factors associated with a higher risk for youth suicide, as well as protective factors that may reduce the likelihood of youth suicidal behavior. Given the amount of time children and adolescents spend in school, it is imperative that school faculty and staff are educated about youth suicide risk factors, warning signs, and protective factors of suicidal behavior (3, 15).

Suicide does not lend itself easily to an identifiable period of symptoms that occur before the disease; however, research does show that suicidal youth tend to give evidence about their distress both verbally and through changing behavior (5, 14). Being able to recognize these clues and knowing the risk factors associated with adolescent suicide may help school staff prevent a student at-risk for suicide from attempting and/or dying by suicide. The importance of risk and protective factors can vary by age, gender, and ethnicity (13).

There is no tangible, all encompassing method for determining if an adolescent will attempt or die by suicide. Many students will present some of the factors mentioned in the list of risk factors that follow, however, not all will feel, act, or have ideas about suicide. By using this list, school administrators, faculty, and staff may be able to recognize a student at-risk for suicide and who may need help. By recognizing a teen that is potentially at-risk for suicide, faculty, staff, and administration take the first and the most important step for alleviating and reducing the risk for suicide. After a student has been identified as at risk, he or she can get help and intervention, which is of paramount importance for preventing a student from attempting or dying by suicide.

Risk Factors (for non-fatal suicide attempts and deaths by suicide)

Risk factors are characteristics that increase the possibility that an individual will attempt to end his or her life, although it is important to note that risk factors are not necessarily causes of self-injury or death (17). Risk factors can be thought of as indicators of a child's potential for self-harm, and much research has gone into identifying specific risk factors for youth (4, 15, 17, 18). Research has shown that the following are risk factors for suicide attempts and death by suicide in adolescents: previous suicide attempt or gesture (2, 4, 6, 7, 9, 10, 15, 20); mood disorder (particularly depression) or psychopathology (2, 4, 7, 8, 9, 10, 15, 20); substance abuse disorder (2, 4, 7, 8, 9, 10, 20); family history of suicidal behavior or mental illness (2, 4, 8, 10, 20); relationship, social, work, or financial loss (3, 4, 8, 10, 20); access to lethal agents (such as firearms or medications) (3, 4, 8, 10, 20); contagion or exposure to individuals who have attempted or died by suicide with exposure through media, television, and direct contact (8, 10, 11); history of physical or sexual abuse (6, 7, 10, 23); conduct disorder (7, 10, 20); juvenile delinquency (7, 10); gay, lesbian, or bisexual sexual orientation, or identification as transgendered or transsexual



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(2, 4, 8, 10, 16, 24); stressful life events (7, 10); chronic physical illness (2, 4, 8, 20); impulsive or aggressive tendencies (3, 4, 20); being homeless/runaway (7, 10, 20); and school problems (2).

The impact of some risk factors can be reduced by interventions such as providing treatment for depression or substance abuse, and removing access to firearms (3, 20). Those risk factors that cannot be changed (such as a previous suicide attempt) can alert others to the heightened risk of suicide during periods of the recurrence of a mental or substance abuse disorder, or following a significant stressful life event (11). The following list of risk factors that have been found to be associated with adolescent suicide is intended for use by school staff in order to help identify a student who may be at-risk for attempting or dying by suicide.

Protective Factors

Measures that enhance resilience or protective factors are essential for preventing suicide as reducing the factors that increase risk for suicide.

Protective factors are characteristics believed to reduce the likelihood that someone will harm or kill him/herself by counterbalancing risk factors, and vary according to age, gender, ethnicity, and religion (11, 17). Leading researchers in the field of youth suicide have noted that much research still needs to be conducted regarding specific protective factors for children and teens (4) although the following have shown to be protective factors for preventing youth suicide: parental/family support and connectedness (2, 4, 7, 11, 12, 20), good social/coping skills (11, 12), religious/cultural beliefs (2, 4, 11, 12), good relationships with other school youth/best friends (7, 12), lack of access to means (10, 11), support from relevant adults/teachers/professionals (7, 11, 12), help-seeking behavior/advice seeking (12), impulse control (7), adaptive problem solving/conflict resolution abilities (11), social integration/ opportunities to participate (7, 12), positive sense of worth/confidence (7, 12), stable living environment (7), access to and care for mental/physical/substance disorders (11), responsibility for others/pets (7), and their perceived connectedness to school (2). Additionally, involvement on sports teams (high school and community teams) is associated with reduced suicide ideation and non-fatal suicide attempts (27, 29, 30), reduced hopelessness and self-reported plans of suicide (28), and decreased risks for depression (30). Higher involvement (usually 3 or more teams per year) often showed more pronounced protection (28, 30, 32). However, one study revealed male high school athletes who made non-fatal suicide attempts reported serious injury more often than non-athlete counterparts (31, 32). The following checklist presents these protective factors in an easy-to-read format.

Risk Factors

- Previous suicide attempt or gesture
- Feelings of hopelessness or isolation
- Mental illness (depressive disorders/mood disorders)
- Parental mental illness
- Substance abuse disorder
- Family history of suicidal behavior
- Life stressors such as interpersonal losses (relationship, social, work) and legal or disciplinary problems
- Access to firearms or other means
- Physical abuse
- Sexual abuse
- Conduct disorders or disruptive behaviors
- Homosexual or bisexual orientation, trans-gendered or trans-sexual identity, or questioning sexuality
- Juvenile delinquency
- School problems
- Contagion or imitation (exposure to media accounts of suicidal behavior and exposure to suicidal behavior in friends or acquaintances)
- Chronic physical illness
- Being homeless/or having run away from home
- Aggressive-impulsive behaviors

Protective Factors

- Family cohesion (family with mutual involvement, shared interests, and emotional support)
- Good coping skills
- Support from teachers and other relevant adults
- Perceived connectedness to the school
- Good relationships with other school youth
- Lack of access to means for suicidal behavior
- Help-seeking behavior/advice seeking
- Impulse control
- Problem solving/conflict resolution abilities
- Social integration/opportunities to participate
- Sense of worth/confidence
- Stable living environment
- Access to and delivery of adequate care for mental/physical/substance disorders
- Responsibilities for others/pets
- Religious or cultural beliefs that discourage self-harm
- Sports team participation

Warning Signs

While risk factors suggest long-term risk (i.e., a year to lifetime), warning signs are the earliest detectable signals that someone may harm themselves in the near-term (i.e., within minutes, hours, days, or months) (19). If risk factors can be compared to “clues,” then warning signs might be thought of as “red flags.” Emotional ups and downs are inherent in adolescence, and it can be hard to determine what behavior is normal and what may be harmful, therefore significant research has been done on suicide warning signs specifically for youth (1, 19). Again, it must be noted that these factors and warning signs do not provide a definitive method for determining if a student is or is not suicidal, but rather present a method to help identify potentially suicidal adolescents.

In 1997 the American Academy of Child & Adolescent Psychiatry adopted a list of symptoms and warning signs specifically for adolescents who may try to kill themselves, which was updated in May 2008 (14). The Suicide Prevention Resource Center [SPRC] has also compiled a list of youth-specific suicide warning signs (26). Three state suicide prevention program guideline manuals also offer youth suicide warning signs: Maine Youth Suicide Prevention Program (7), Washington State’s Youth Suicide Prevention Program (YSPP) (21), and the Virginia Guidelines for Suicide Prevention manual (22). Additionally, researchers in Utah conducted 49 psychological autopsies of adolescents and young adults who died by suicide in the mid-1990s in an effort to examine risk factors and warning signs of the descendents (25). Warning signs for youth suicidal behavior from these resources are combined and appear in this section.

The key to preventing suicide in children and teens is to know these warning signs and know what to do when faced with a student who presents them so that they may get the help they need. Many of these signs are similar to those for depression, a risk factor for suicidal behavior (15, 20). The following lists present warning signs that have been found to be associated with adolescent suicide.

Warning Signs

- Withdrawal from friends and family
- Actually talking about suicide or a plan
- Seeking out ways to harm or kill oneself
- Saying other things like: “I’m going to kill myself,” “I wish I were dead,” or “I shouldn’t have been born”
- Change in eating and sleeping habits
- Loss of interest in pleasurable activities
- Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Loss of interest in things one cares about
- Preoccupation with death
- Exhibiting impulsivity such as violent actions, rebellious behavior, or running away
- Complaining of being a bad person or feeling “rotten inside”
- Making statements about hopelessness, helplessness, worthlessness, or being “beyond help”
- Marked personality change and serious mood changes
- Giving verbal hints with statements such as: “I won’t be a problem for you much longer,” “Nothing matters,” “It’s no use,” and “I won’t see you again”
- Becoming suddenly cheerful after a period of depression—this may mean that the student has already made the decision to escape all problems by ending his/her life
- Giving away favorite possessions
- Difficulty concentrating and a decline in quality of school work

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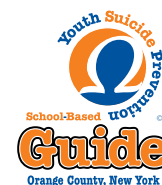
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