



Suicide and Violence Risk Assessment

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General Principles of on-scene assessing

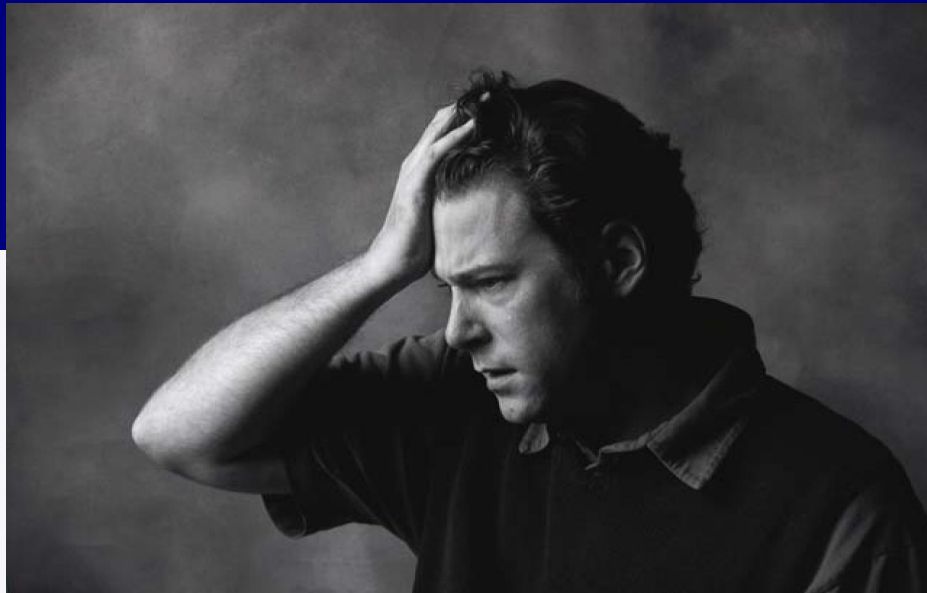
Observe and assess relevant aspects of the individual and the environment:

- Evaluate the safety of the situation
- Understand the concept of "limited rationality"
- Use this information in reporting and responding

Preliminary assessment:

- What is the nature of the environment, you are entering? (accessibility, Presence of bystanders, Potential cover/concealment)
- What has happened? Avoid starting questions with words like "why."
- Who is involved?

SUICIDE



FACT OR FABLE

People who talk about suicide don't commit suicide

Suicide person gives many clues and warnings

Most are undecided about living or dying

Once a person is suicidal, they are suicidal forever

Improvement following a suicidal crisis means that the suicidal risk is over

Cont. Fact or Fable

Suicide strikes more often among the rich

Suicide does not run in families

All suicide individuals are mentally ill

STATISTICS

- Third leading cause of death for 15-19
- 300% increase over the last 30 years
- Adolescents who attempt tend to be female
- Completers tend to be male
- 5000-7000 young people each year end their own lives

Cont. Statistics

- 80% chance that someone who has attempted suicide will try to kill themselves again
- In the US, more people kill themselves than are killed by other people
- A person dies of suicide about every eighteen minutes
- White men over 50 are responsible for almost 40%

Cont. statistics

- 80% communicate their intentions verbally prior to the attempt
- **Drug overdose or poisoning is the leading cause of attempters**
- Firearms and explosives are the most common causes of death (60%)
- **9 out of 10 attempts take place in the home**

Why do people commit suicide

- **Intolerable psychological pain, PLUS**
 - unwillingness to tolerate it
 - decision not to endure it
 - active will to stop it
 - hopeless, helpless, worthless
 - lacking the skills and resources to cope with this pain
 - individuals view suicide as the only viable solution to end their suffering

SUICIDE IDEATION

Thinking
about
suicide



SUICIDE VERBALIZATION

Talking
about
suicide



SUICIDE INTENT

Having a
concrete
plan



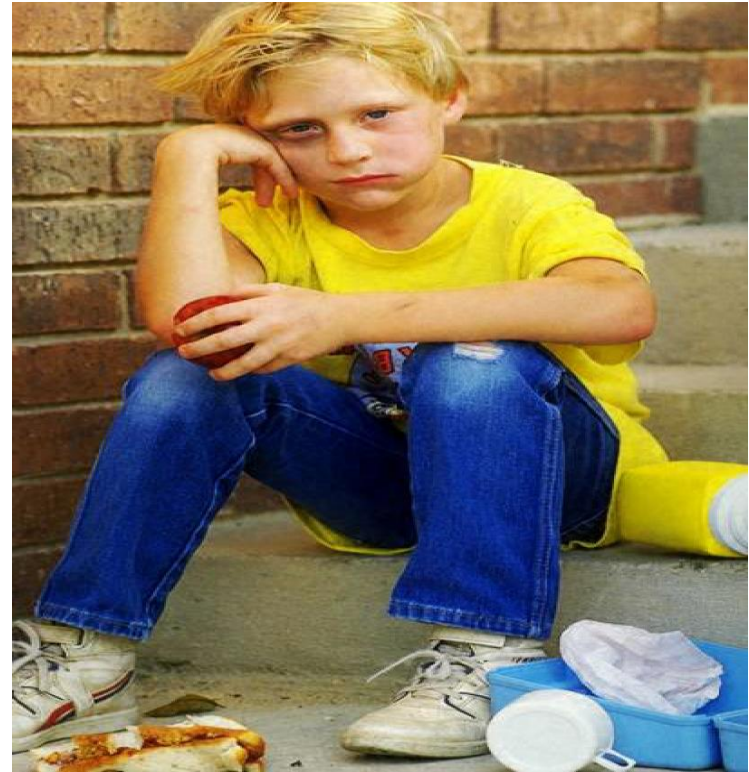
PARA-SUICIDE

Attempting
suicide



BULLYCIDE

Suicide
because of
being a
victim of
bullying



SUICIDE BY COP

- Same problems – different solution
- They want to die but they don't want to kill themselves
- Negative view of their ability to get help
- Previous police connection





Thought of 7 people who forced an officer to shoot:

“My life is over anyway so they might as well shoot me”

“I deserve to die”

“Now they will see how much I hurt”

“This is my only way out”

“I’m in control – not you or anyone else”

“If you want to shoot, it doesn’t matter”

“I’m better off dead”



Who is at greatest risk


- Mental Illness and/or substance use problems (90% cases)
- Major depression and alcoholism (57% - 86% involve these)
- Older people
- Adolescents (has increased in recent years)
- Men – 3-12x more often than women succeed with suicide
- Women – 3x higher than men for attempts
- Family history

Who is at greatest risk

- Caucasians – 2x higher than non-whites
- Prior attempts
- Prior non-lethal attempt leads to 6x more likely to eventually die by suicide
- Most people (90%) who made a non-lethal attempt however do NOT die by suicide
- No responsibility for children under 18
- Chronic physical pain
- Recent loss

EARLY WARNING SIGNS



- 
- Difficulties in job/school
 - Talking about suicide
 - Depression
 - Neglect of appearance
 - Increased substance abuse
 - Dropping out of activities
 - Changes in sleep
 - Isolating oneself from others
 - Restlessness and agitation

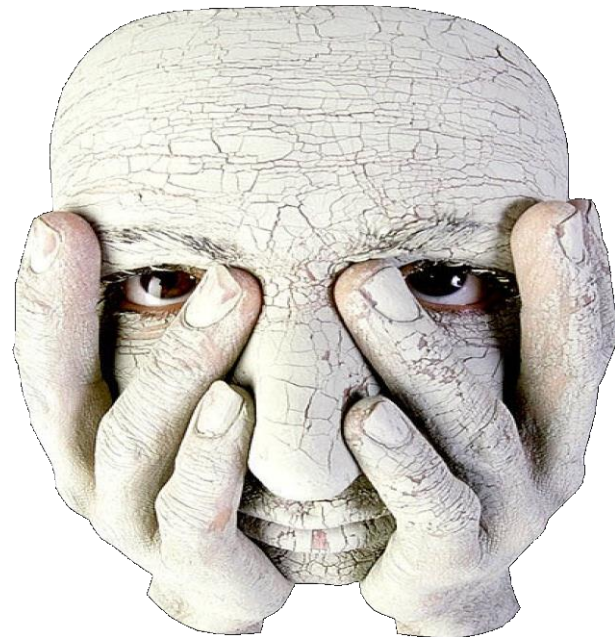
LATE WARNING SIGNS



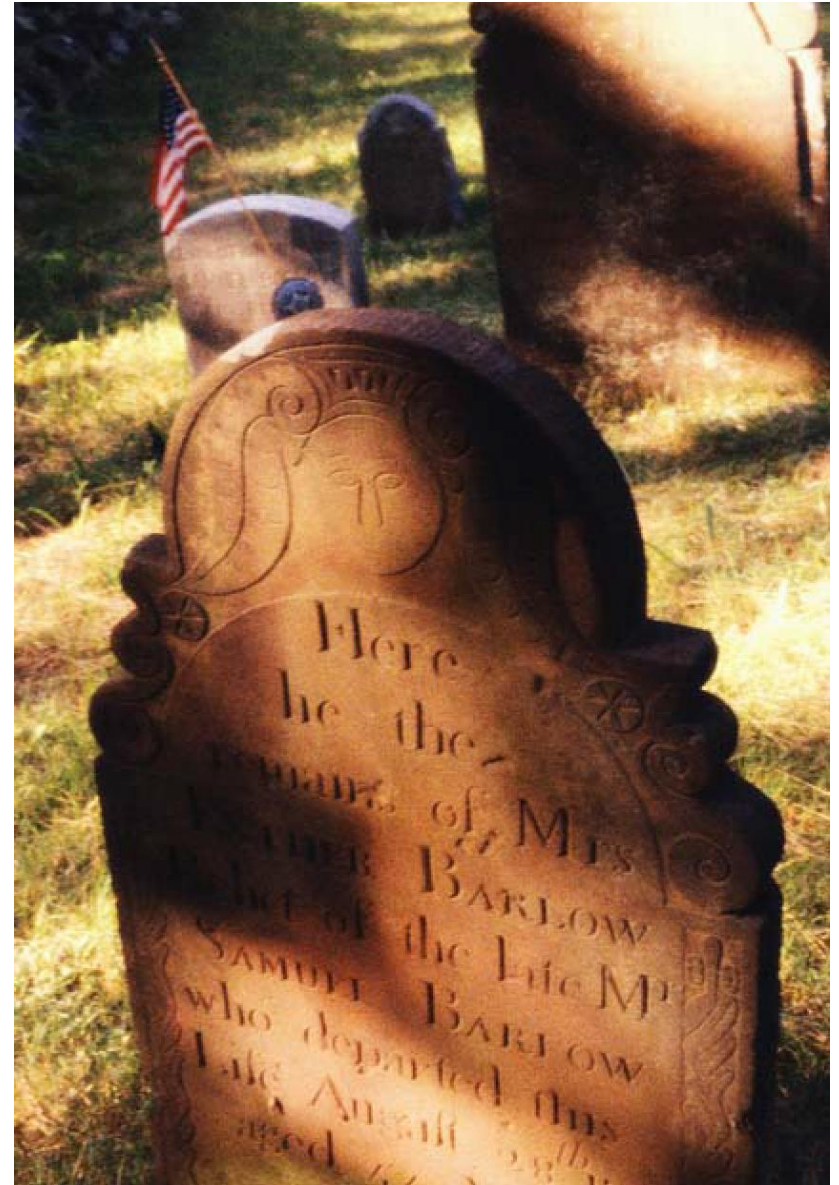
- Feelings of failure
- Sudden improvement in mood
- Overreaction to criticism
- Preoccupation with one's failures
- Overly self critical



- Collecting means to kill oneself
- Anger and rage
- Making final arrangements
- Pessimism about life
- Ending significant relationships



- Giving away possessions
- Inability to concentrate
- Having a suicide plan
- Preoccupation with death
- Taking unnecessary risks





Suicide Risk Assessment

- LISTEN – to person's description of their problem
- IDENTIFY - negative mood states (sad, loss, irritable, not caring, etc)
- ASSESS – degree of hopelessness, helplessness, worthlessness
- ASK - if they are having thoughts of suicide



Risk Assessment (con't)

SLAP – Method of assessing lethality

S = Specificity of plan

L = Lethality of the method

A = Availability of the method

P = Proximity of helping resources



Risk Assessment (con't)

- High risk TRIAD for suicide

Helpless

Hopeless

Worthless



Suicide and Psychosis

- Hallucinations
- Delusions
- Not wanting to die
- Not thinking they will die

- Need to determine what is the hallucination or delusion



VIOLENCE RISK ASSESSMENT



Causes of Violence and Aggression

- Physical causes – brain disease or dysfunction
- Reaction or solution to a problem
- Perceived threat
- Substance Abuse



Mental Illness and Risk Potential

Percentage of Individuals involved in incidences of violence

- 2% If you had no mental illness
 - 12% If you had a major mental illness
 - 25% If you used or abused alcohol
 - 35% If you had used or abused other drugs
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- Alcohol and the use of other drugs are the most common factors relating to incidences of violence



Risk Factors For Violence by a person with mental illness

- Active Symptoms of major mental illness
 - Impulsivity
 - Limited Rationality
 - Feeling out of control

- Previous violence

- Instability with relationships, employment, living environment

- Substance use



Nonverbal Cues to Aggression

- Increase in pace and volume of speech
- Flushed cheeks
- Clenched fists
- Crouched torso
- Gritting of teeth
- Flared nostrils
- Dilated pupils
- Increased restlessness
- High activity level
- Impulsiveness



Precautions with Violence

- Based on assessed degree of violence or known information that person may be violent always have back up and remain at a distance
- Talk slow, talk low and listen