

## RISK FACTORS FOR SUICIDE

This mnemonic 'Sad Person's Escape' can act as an aide memoir to assist the clinician to cover the key factors in assessing for suicide risk. It has proven useful as a teaching tool. It provides a composite of predisposing risk factors and population-based risk factors (such as being male). It should be used in conjunction with a detailed assessment of the precipitants of the person's suicidal crisis, exploration of factors maintaining their distress and their current mental state. (Appendix 2 and 3, and the section on formulation in the main text describes these processes in detail.)

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**Sex:** While more males die by suicide, many more females attempt suicide.<sup>22</sup>[2++]

**Age:** Highest risk groups are those aged 15–24 years and those over 60 years.<sup>12</sup>[2++]

**Depression:** Present in as many as 70% completed suicides; this risk is greater with symptoms of anhedonia and more severe depressions.<sup>14,19,83</sup>[2++]

**Previous attempt:** Of those who have previously made a suicide attempt, 10–20% will eventually die by suicide.<sup>22</sup>[2++]

**Ethanol and drug abuse:** Substance abuse and intoxication are also strong risk factors for suicidal behaviour.<sup>19,20</sup>[2++]. Of people who die by suicide, 25–50% consume alcohol before taking their lives<sup>21</sup>[2++] and suicide risk is substantially enhanced among people with co-morbid substance abuse, and depression and hopelessness.<sup>14,19,22</sup>[2++]

**Rational thinking is impaired:** Of people with schizophrenia, 10–15% die by suicide. The risk of dying by suicide is especially elevated in people with psychotic depression.<sup>14,19,22</sup>[2++]

**Support networks:** Isolation, loneliness or a disrupted whānau/family of origin have been associated with increased risk of suicide. A whānau/family history of suicide has also been shown to increase a person's risk of suicide.<sup>14</sup>[2++]

**Organised plan:** The presence of an organised plan with available means increases the risk that a person will attempt suicide.

**No spouse:** People who live alone, are divorced or separated, or recently bereaved are at greater risk of suicide.<sup>14,22</sup>[2++]

**Sickness:** Of people who died by suicide, 25–70% had a debilitating medical illness present at the time of their death. However, the important mediating factor for their suicide appeared to be a concurrent psychiatric illness, usually depression.<sup>22</sup>[2++]

**Experiences of adversity:** These also place a person at risk of suicide. Such experiences include experiences of humiliation, social and educational disadvantage, a whānau/family history of psychiatric illness, poor relationships with parents, and being in trouble with the law.<sup>14</sup>[2++]

**Sexual abuse:** People who have experienced all forms of abuse and neglect are at greater risk of attempting suicide.<sup>22</sup>[2++]

**Co-morbidity:** The majority of both adolescents and adults who die by suicide (over 90%) suffered from an associated psychiatric disorder at the time of their death.<sup>14,19</sup>[2++]. People who meet the criteria for more than one disorder at a time are at an even greater risk.

**Anxiety disorders (particularly panic disorders):** People with anxiety disorders co-occurring with depression have an increased risk of suicide.

**Personality disorders:** Diagnoses of Antisocial and Borderline Personality Disorders with and without co-occurring Axis I disorders are associated with an increased risk of suicide. Diagnoses of Conduct Disorder and Oppositional Defiant Disorder among youth are also risk factors.<sup>14,19,22</sup>[2++]

**Event:** In youth, an identifiable stressful event preceded 70–97% of suicides.<sup>14</sup>[2++]