

PATHWAYS CENTER *for* GRIEF & LOSS

ASSESSING FOR RISK OF SUICIDE

Individuals contemplating suicide often give voice to the thoughts they are having. These can be in a rather broad, general form such as wishing their life could be over or they could be more specific about their intent. As difficult as it might be, we must listen intently and take their thoughts seriously. There is often significant guilt and ambivalence that accompanies this thinking. It is important to explore the meaning and thoughts behind statements or actions and keep communication open. Suicide is rarely about wanting to be dead. It is about being in pain and seeing no escape. It can be a relief to help them feel heard, understood and cared about. Know that care and compassion are needed the most and are the hardest to maintain when working with an individual at risk for suicide.

COMMON INDICATIONS OF HOPELESSNESS AND HELPLESSNESS

- Statements such as “I’ve had enough,” “I just can’t take it anymore,” or “They’d be better off without me”
- Increased isolation or withdrawal from social connections and previously enjoyable activities
- Unable to find anything positive in life; talking fatalistically
- Neglect of personal appearance
- Giving away personal possessions, especially to specific people
- Less interest in one’s surroundings
- Preoccupation with books, movies, poems, or songs about death
- Reckless behavior, increased alcohol or drug use
- Ambivalence -- feeling their situation is intolerable, not wanting to live
- Refusing to eat or drink

ASSESSMENT & INTERVENTIONS

- Focus first on developing an alliance of sincerity, reflection, and concern.
- Take your time with this – acknowledge their feelings, conveying a calm, non-anxious presence. **“A lot of people have times when they feel hopeless.” “Sometimes people feel they can’t take it anymore and say people would be better off without them.” “What do you mean by that?”**

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- If you are wondering if they are thinking about suicide ask:
“Are you thinking about suicide?” “Are you thinking about killing yourself?” “When you say _____, it makes me wonder if you’ve been thinking about hurting yourself.”
- How often, during the course of the day, do they have these thoughts?
- Don’t debate or minimize problems.
- Is there a plan/method in place? **“Have you thought of how you might do this?”** **(The more detailed the plan, the greater the risk.)*
- What is the availability of the proposed method? *(Assess for availability of means (medications, gun, etc.)*
- Have they thought about other methods?
- Have there been previous attempts? *(Rate of suicide is 40% higher for those with previous attempts.)*
- Explore **“What has kept you from acting on your thoughts?”** Point out **“Yet here you are.”** Build on the strengths or thoughts they identify.
- Who else knows about these thoughts?
- What is their support system?
- Determine how to remove obvious means of self destruction
- Even if your concern is minimal, provide numbers for Contact (24 hour telephone support – 717-299-4855) and Crisis Intervention (24 hour crisis response – 717-394-2631) to have on hand in case the situation escalates at a later time.

If someone is determined to be at high risk for suicide, i.e. has a clear plan that is lethal, and has the means to carry it out, you must get help. Do not leave them alone. You **MUST** inform others *without concern for maintaining confidentiality*.