

Protective Factors – Suicide

The presence of protective factors can lessen the potential of risk factors leading to suicidal thoughts and behaviors (STB). Protective factors are often the opposite of risk factors and can buffer the effects of risks. Students that possess multiple protective factors are able to bounce back in the face of adversity.

Physiological/Behavioral Health

- Positive self-esteem / emotional wellness
- Physical Health
- Hope for the future
- Willingness to obtain / stay in treatment
- Easy access to effective mental health support/care
- Cognitive flexibility
- Internal locus of control
- Effective coping skills
- Effective problem-solving skills in the face of conflict or adversity
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience / trust that things will get better
- General life satisfaction, sense of purpose

Social/Environmental

- Sense of connectedness: having social supports such as family, friends, teammates
- Having at least one caring adult to which a student can turn
- Feeling connected to school and feeling safe there
- Connections within the community such as a strong spiritual or religious ties
- Restricted access to alcohol or illicit drugs
- Restricted access to suicide means, such as guns, medications, etc.

Risk Factors – Suicide

Physiological/Behavioral Health

- Gender: males are 4 times more likely to die by suicide than females (although females are 3 times more likely to attempt suicide)
- Age: People age 45-65 years and over 80 years are at highest risk
- Race: Caucasians have the highest rates for all ages, followed by American Indians/Alaskan Natives
- Geography: Highest U.S suicides rates are in the West; lowest rates are in the Northeast
- Gay, lesbian, bisexual, transgender (particularly if there is conflict, harassment, bullying, rejection, or lack of support)
- Chronic medical illness
- Psychiatric disorders: About 90% of those who die by suicide have a diagnosable & treatable mental illness, such as depression or bipolar disorder; personality disorders
- Anxiety or post-traumatic stress disorder
- Previous attempt: 20% of those who kill themselves previously attempted suicide
- Genetic predisposition: family history of mental illness or suicide
- Self-injurious behavior
- Alcohol and drug dependence
- Impulsivity: Impulse individuals are more likely to act on suicidal impulses
- Aggressiveness
- Low self-concept/esteem

Social/Environment

- Isolation or lack of connectedness
- History of physical or sexual abuse
- Childhood trauma or witnessing a trauma
- Pressure to be a good student/athlete/child
- Access to alcohol or illicit drugs
- Exposure access to lethal methods, especially guns
- Trouble with the law
- Bullying
- Poor familial communications or parent/child discord
- Family stress/dysfunction
- Romantic difficulties in older adolescents
- Risk-taking or being reckless

Warning Signs – Suicide

Suicide can be prevented. While some suicides occur without warning, 50%-75% of people who are suicidal give some warning of their intentions.

- Feeling of being a burden to others,
- Lack of connection; withdrawing from friends / family
- Depressed, overwhelming sadness
- Loss of energy or extreme fatigue
- Loss of interest or pleasure in usual activities or sports
- No reason for living
- Discussing suicide in their writings
- Reference being dead, joking about it (referencing one's own funeral)
- Suicidal threats in the form of direct and indirect statements
- Suicide notes or plans
- Self-defeating statements or expressing a wish to die (I'd be better off dead)
- Seeking suicide means, such as a gun, pills, etc.
- Hopelessness or worthless
- Trouble concentrating or thinking quickly, indecisiveness
- Preoccupation with suicide/death in music, comics, movies, books, etc.
- Internet researching of methods or watching suicide/self-harm documentaries
- Increased in hostility, agitation, defensiveness, anger or rage.
- Euphoria, attitude becomes calm/certain (as they now have a plan to end the pain)
- Anxiety, psychic pain, inner tension
- Deterioration of care
- Decrease in school attendance or academic performance
- Change in eating patterns (weight gain/loss)
- Change in sleeping routine
- Change in Behavior or discipline
- Increase use of drugs, alcohol, sex
- Increased impulsiveness / taking unnecessary risks
- Feeling humiliated (problems with the law, recent psychiatric hospitalization)