



Suicide Risk and Protective Factors

Protective Factors

- No previous suicide attempt.
- No plan, intent or access to means.
- Hopeful about the future.
- Good social support from friends and family.
- Healthy relationship with partner.
- Close family relationships.
- Has enough money (stable job/income, ability to cope with debts).
- Ability to cope with stresses, crisis and loss.
- Good physical health.
- Early identification and treatment of mental illness.
- Strong spiritual or religious faith.

Risk Factors

- Personal or family history of suicide or self harm.
- Has plan, intent and access to means.
- Previous suicide attempt.
- Hopelessness about the future.
- Relationship issues.
- Alcohol and drug abuse or misuse.
- Gambling.
- Trouble with family and friends.
- Money troubles: (loss of job/income, inability to cope with debts).
- Trouble with the law.
- Inability to cope with current stresses, crisis and loss.
- Poor physical health.
- Untreated mental illness or recent discharge from psychiatric inpatient facility, or in recovery from serious mental illness.
- Male 25-45.
- Current experience or history of domestic violence, family violence, abuse.

The SADPERSONS Mnemonic can help you remember suicide risk factors

- S**ex (male)
- A**ge
- D**epression
- P**revious suicide attempts
- E**thanol (alcohol) abuse
- R**ational thinking loss
- S**ocial supports lacking
- O**rganised plan to commit suicide
- N**o spouse (divorced > widowed > single)
- S**ickness (physical illness)

* Developed by Patterson WM, Dohn HH, Bird J, Patterson GA (1983). Evaluation of suicidal patients: the SADPERSONS scale.



Bio Psycho Social Risk Assessment

Mental State Examination

Designed to efficiently describe a patient's presentation.

- Appearance:** What do they look like and how is this different from usual/normal? (Facial expression, posture, mode of dress, personal care, physical build)
- Behaviour:** What are they doing and how is this different from normal? (hostile, friendly, withdrawn, co-operative, restless, inertia, uncommunicative etc)
- Conversation:** How is the person talking? (faster/slower than usual, racing, absence of speech, jumping between topics, incoherence)
What are they saying? (delusional, preoccupation with a particular theme, hypochondria, suicidality, talking about things that don't make sense, difficult to concentrate)
- Affect:** Observed variation in person's affectation (outward expression of mood) e.g. elevated, depressed, angry, irritable, blunted, flattened, euphoric. Range and intensity, stability, appropriateness & congruity.
- Perception:** Evidence of delusions and/or hallucinations: auditory, tactile gustatory, olfactory or visual. Depersonalisation, derealisation or illusions.
- Cognition:** Orientation to time place and person, concentration, memory recall and level of consciousness.
- Insight:** Recognition of the existence of a problem. Capacity to organise and understand the nature of the problem, symptoms of illness, medications.
- Rapport:** Capacity to empathise with and relate to others.

If a patient scores highly on a K-10 or other mental health screening tool, or you are concerned after completing a mental state examination you should proceed with a suicide risk assessment.

- P**lan: Has the patient thought about suicide and if so do they have a plan? How detailed is this plan?
- L**ethality: What method has the patient chosen? How lethal is it?
- A**ccess: Does the patient have access to the method?
- N**egative views of life and future: Does the patient have plans or goals for the future?

