

Suicide Assessment and Intervention

Leslie Vernick LCSW, DCSW

Understanding Suicide:

Here are some things that you may find helpful in assessing whether or not a person poses a high risk for suicide. However, if there is any talk of suicide, please tell an adult, and consult with a mental health professional. It is always better to be safe than sorry.

HIGH RISK PEOPLE - People who have depression, mood disorders or bi-polar disorder, alcoholism, and substance abuse, low social support, family history of suicide or previous history of suicide attempts, and hopelessness. Some big days for high suicides are NYD, Fourth of July and Labor Day. (Important to invite people for holiday times)

If you know someone struggling with depression or making some statements about wanting to die here are some things to ask them.

Is it a thought? "Have you ever thought of killing yourself?" - in this initial assessment, if the answer is yes, you need to find out what are their thoughts, how often do they have them, what are their fantasies about suicide, what do they think will happen, what is their attitude toward it?

Sometimes people have these thoughts but they say that they'd never do it because it would hurt their children too much. (low risk, high deterrent) or some other deterrent. However, if they think about it often and fantasize how wonderful it would be to finally be at peace and have no stress in their lives and also fantasize how much everyone will regret how terribly they treated the person they are Hi risk, no deterrents.

Do they have a plan? "Gee, you've mentioned you wish you were dead, have you ever thought about actually doing something to yourself? "What have you thought of doing? "

If they've answered yes, you want to know how specific is this plan, time, place, method? How lethal? Is it with guns, hanging, (high risk) or non specific, "well I haven't really figured that part out yet." How available to the

person is the means that they have planned? In other words, if they have a plan (like a gun) do they have a gun in their house or have access to one? How much control do they have over their suicidal plans? In other words, are they feeling that they have a strong sense of control, unsure of control, or no control.

How determined are they? Can they be talked out of it. Will they agree to wait a while to see if things will improve. What are their deterrents? (family, religious beliefs, serious injury if they fail, children, etc?) "You seem to have a well thought out plan to do it, what do you think that God thinks of this?" or, "How do you think your children will feel when they find you dead?" Assess whether this is of great concern to them (high deterrent) or some concern (medium deterrent) or no concern to them. "My children wouldn't care, they would be better off without me."

What is this persons coping abilities? What are their individual strengths? What is their past history of suicidal attempts? How do they cope with stress? How do they deal with frustration, internal pain, and anger? What is their walk with God and are they realistic in their expectations of self and others? Are they connected interpersonally and able to maintain long term relationships?

Weak coping abilities - a past psychiatric history and/or hospitalization. Low frustration tolerance, poor social and interpersonal relationships, social withdrawal, excessive use of alcohol or drugs, gambling or promiscuity, consistent display of extreme reactions to fear, guilt and shame.

What are their external strengths? Supportive relationships from family, job, church, therapist, and how reliable are they?

Low external strengths = High risk
risk

High internal strengths = low risk

Low internal strengths = High risk
risk

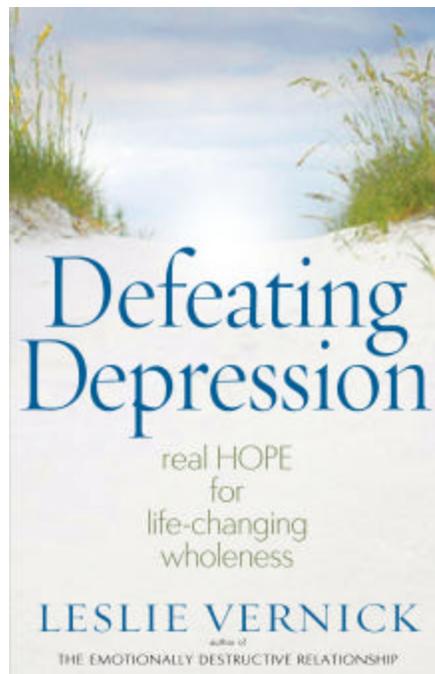
High external strengths = low risk

When there is a combination of low internal strengths, but high external strengths, you need to enlist the support of these external strengths to help the person through this hard time. You also need to assess these external strengths to see if they are dependable, reliable and consistent. (Their support system may be exhausted and frustrated with the depressed person)

A person may have high internal strengths and low external strengths due to a catastrophic loss (death of family) or move to a new community with subsequent loss of job. This too needs to be assessed and external strengths need to come from the church community immediately and consistently until this person gets back on their feet. Probably this person will not initiate too much in terms of requesting help, they may feel embarrassed or ashamed and you will need to be assertive in offering it.

Assess hopelessness. Ask "how much hope do you have that these things can be overcome?" What other options do you have besides killing yourself?"

INTERVENING WITH A SUICIDAL PERSON – Take them to the local hospital emergency room for a mental health assessment. If someone is a danger to themselves, they are usually admitted for observation and assessment.



Leslie is the author of *Defeating Depression* (January 2009) as well as numerous other books and articles. For more information on her work visit her website at www.leslievernick.com