



Risk and Protective Factors for Suicide

Risk factors may be thought of as leading to or being associated with suicide; that is, people "possessing" the risk factor are at greater potential for suicidal behavior. Protective factors, on the other hand, reduce the likelihood of suicide. They enhance resilience and may serve to counterbalance risk factors. Risk and protective factors may be biopsychosocial, environmental or sociocultural in nature. Although this division is somewhat arbitrary, it provides the opportunity to consider these factors from different perspectives.

Understanding the interactive relationship between risk and protective factors in suicidal behavior and how this interaction can be modified are challenges to suicide prevention (Móscicki, 1997). Unfortunately, the scientific studies that demonstrate the suicide prevention effect of altering specific risk or protective factors remain limited in number.

However, the impact of some risk factors can clearly be reduced by certain interventions such as providing lithium for manic depressive illness or strengthening social support in a community (Baldessarini, Tando, & Hennen, 1999). Risk factors that cannot be changed (such as a previous suicide attempt) can alert others to the heightened risk of suicide during periods of the recurrence of a mental or substance abuse disorder or following a significant stressful life event (Oquendo et al., 1999). Protective factors are quite varied and include an individual's attitudinal and behavioral characteristics, as well as attributes of the environment and culture (Plutchik & Van Praag, 1994). Some of the most important risk and protective factors are outlined below.

Protective Factors for Suicide

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for helpseeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation

However, positive resistance to suicide is not permanent, so programs that support and maintain protection against suicide should be ongoing.



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Risk Factors for Suicide

Biopsychosocial Risk Factors

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental Risk Factors

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Socialcultural Risk Factors

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide

Information about risk and protective factors for attempted suicide is more limited than that on suicide. One problem in studying nonlethal suicidal behaviors is a lack of consensus about what actually constitutes suicidal behavior (O'Carroll et al., 1996). Should self-injurious behavior in which there is no intent to die be classified as suicidal behavior? If intent defines suicidal behavior, how is it possible to quantify a person's intent to die? The lack of agreement on such issues makes valid research difficult to conduct. As a result, it is not yet possible to say with certainty that risk and protective factors for suicide and non-lethal forms of self-injury are the same. Some authors argue that they are, whereas others accentuate differences (Duberstein et al., 2000; Linehan, 1986).



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References

Baldessarini, R., Tondo, L., & Hennen, J. (1999). Effects of lithium treatment and its discontinuation on suicidal behavior in bipolar manic-depressive disorders. *Journal of Clinical Psychiatry, 60* (Suppl. 2), 77-84.

Duberstein, P.R., Conwell, Y., Seidlitz, L., Denning, D.G., Cox, C., & Caine, E.D. (2000). Personality traits and suicidal behavior and ideation in depressed inpatients 50 years of age and older. *Journal of Gerontology, 55B*, 18-26.

Linehan, M.M. (1986). Suicidal people: One population or two? *Annals of the New York Academy of Sciences, 487*, 16-33.

Moscicki, E.K. (1997). Identification of suicide risk factors using epidemiologic studies. *Psychiatric Clinics of North America, 20*, 499-517.

O.Carroll, P.W., Berman, A.L., Maris, R.W., Moscicki, E.K., Tanney, B.L., & Silverman, M.M. (1996). Beyond the tower of Babel: A nomenclature for suicidology. *Suicide and Life-Threatening Behavior, 26*, 237-252.

Oquendo, M.A., Malone, K.M., Ellis, S.P., Sackeim, H.A., & Mann, J.J. (1999). Inadequacy of antidepressant treatment for patients with major depression who are at risk for suicidal behavior. *American Journal of Psychiatry, 156*, 190-194.

Plutchik, R., & Van Praag, H.M. (1994). Suicide risk: Amplifiers and attenuators. In M. Hillbrand & N.J. Pollone (Eds.), *The psychobiology of aggression*. Binghamton, NY: Haworth Press.

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