

Assessing Suicidality

Suicidal thoughts, emotions, and behaviors can be difficult to predict and uncomfortable to discuss. However, because completed suicides are permanent and devastating, educators share a responsibility to assess students who may be at risk. Talking about suicidality makes things better, not worse. Consultation with a qualified mental health professional, such as a licensed clinical psychologist or licensed clinical social worker, is essential. In addition to facilitating a prompt clinical referral, your role is to perform a lay screening assessment to help you understand and support a young person in need. This sheet may be a helpful guide in that assessment. Learn more at: http://www.helpguide.org/mental/suicide_prevention.htm

1 Listen Carefully

Although there are fewer than 12 suicide deaths per 100,000 people, one in 25 US teens has attempted suicide. The most important thing an adult can do when trying to understand a young person's mental status is to listen. Ask open-ended questions like: "How are you feeling?" and "What else can you tell me about what's going on for you right now?" Listen respectfully to a young person's authentic experience in the moment.

Deep down, we all wish that any distressed person we're speaking with would feel better and not be suicidal. This "wellness fantasy" is normal, but leads us to interrupt, downplay the distress, and sidestep questions about suicidality. Avoid these common adult caregiver mistakes:

- **Dismissing** "You've got better things to worry about than this break-up." or "Let it go."
- **Refuting** "What do you mean no one loves you?" or "You have so much going for you!"
- **Criticizing** "You're blowing this way out of proportion." or "Don't cry over spilt milk."
- **Minimizing** "It's not that big of a deal." or "There are more important things to worry about."
- **Predicting** "You'll feel better in the morning." or "Someday, you'll look back on this and laugh."
- **Blaming** "No wonder you feel this bad." or "You're looking at this all wrong."

2 Ask about Severity and Suicidal Ideation

If you sense that a young person is in distress, have the courage to ask just how badly they are feeling. Your sensitive, probing questions will not cause an upset person to feel worse. Specifically asking about suicide will not make a person feel suicidal. Quite the opposite. Your willingness to talk about this difficult subject can bring a sense of relief and connection. It will also provide comfort, hope, and safety.

If you are comfortable doing so, ask broad questions about suicidality first, then get specific. You do not need to ask every one of the questions below, but you may be able to cover each of these topic areas.

- **Level of distress and normalization**
 - "How badly do you feel right now? How badly have you been feeling lately?"
 - "Sometimes, people feel so bad they wish they were dead. Have you ever felt that upset?"
 - "Are you feeling as if you want to stop the pain or are you feeling as if you want to die?"
- **Suicidal Ideation**
 - "Do you sometimes wish you were dead?" "How about now? Do you want to die?"
 - "Have you had thoughts about ending your life?" "How often have you had these thoughts?"
 - "Do you ever feel like hurting yourself or killing yourself?" "When was the last time?"
- **Plans and Intent**
 - "Have you thought about a way to end your life?" "Can you tell me more about that?"
 - "Are you currently intending to hurt yourself or kill yourself?" "How would you do that?"
 - "Have you ever tried to hurt yourself, kill yourself, or carried out part of this plan?"

- **Current Status**

- “Are you feeling safe with yourself right now or are you feeling at risk for hurting yourself?”
- “Are you feeling tempted to act on any of your plans to hurt yourself?”

- **Attitudes toward Suicide**

- “What is your attitude about suicide, from a personal or religious or philosophical standpoint?”
- “What beliefs do you have that might stop you from committing suicide?”

3 Assess Risk

It is the job of a licensed mental health professional to assess the level of risk, but even they will be making an informed guess. Suicides cannot be predicted with perfect accuracy. However, because the consequences of mistaking a person’s risk for suicide are grave, it is best to err on the side of caution. It is always better to provide additional supports—including informing a young person’s parents—than to withhold supports out of expediency. Here are some risk parameters to keep in mind:

- People who have current suicidal ideation, who report recent planning, or who have a history of attempts are at higher risk. One-third of students with ideation make a plan; two-thirds of students with a plan make an attempt (Source: *JAMA Psychiatry*; see also <http://www.nimh.nih.gov/health>).
- People with a personal or family history of a mood disorder, substance use, isolation, peer rejection, trauma, or unhealthy/impulsive risk-taking are at higher risk. Access to firearms or drugs augments risk.
- People whose values and beliefs (e.g., religion) do not prohibit suicide are at higher risk.
- People who have experienced a recent loss (e.g., of a relationship, of academic standing, of social status, of family admiration) or who anticipate a major or shameful personal loss are at higher risk.
- If you have any concerns about a young person’s safety, then stay with them and contact the clinician on call. Talking with you—a trusted adult—may have brought some temporary relief. However, contact the clinician on call even if the young person reassures you that they are feeling better.

4 Discuss Barriers to Suicide

One way for adults to simultaneously understand a young person’s level of risk *and* provide support in the moment *and* reduce that person’s risk for suicide is to discuss barriers to suicide. As with the previous questions, there is no required order here, but some good barrier questions to ask include:

- “How might your death affect your family and friends?”
- “When you have thought about suicide, what has helped you not act on your thoughts?”
- “How might your values or beliefs, such as religious beliefs, stop you from committing suicide?”
- “What are your most important reasons for living right now?” (*Purposelessness* is a suicide risk factor.)
- “In all of this distress, who or what brings you a hint of joy?”

5 Initiate a Care Plan

If the young person’s behavior, appearance, or mental status makes you concerned *at all* about his or her safety, do not leave them alone. Do not call his or her bluff. Express your concerns and explain your duty to expand the circle of confidentiality in order to help keep him or her safe. Follow your organization’s policy for contacting the clinician on call and the young person’s parents to discuss your concerns and initiate an appropriate referral. Do this even if the person protests, “You could never tell my parents.” or “My parents will be so upset.” The clinician on call will help you formulate a care plan. Praise the young person for his or her candor. Reassure them that you will stay with them until you transition them to other supportive adults.