

RISK FACTORS AND TRIGGERS FOR SUICIDAL BEHAVIOUR

(v2.0 2017)

Risk factors are things that may be associated with increased risk and potential for a young person to engage in suicidal behaviour.

Triggers are events that occur just before and increase the chances of suicidal behaviour happening. Triggers that happen when there is an opportunity (such as access to means and lack of supervision) and a distressed state of mind (such as hopelessness, rage) can lead to suicidal behaviour.

Risk factors for suicidal behaviour can add up over time and make risk even higher. Therefore those young people with more risk factors will have higher risk of developing suicidal behaviour compared to those young people with no or fewer risk factors.

A lot of research has occurred for suicide risk factors and the following is a list of things that are thought to increase suicide risk.

Mental Health Issues

- *Having made a previous suicide attempt* is the most significant risk factor and best predictor of a further attempts. Those whose attempts were of high lethality (more serious) such as hanging, shooting or jumping are extremely high risk for completing suicide in the future.
- *Suicidal ideation* – the more severe (the person indicating that they really want to suicide or detailed planning) and pervasive (happening often and thinking about it a long time), the greater the risk of an attempt being made.
- *Exposure to suicidal behaviour*. Rates of suicide are elevated where whānau members or friends have made attempts or died by suicide.
- The presence of mental health difficulties such as:
 - Mood disorders which include depression, bipolar disorder, and dysthymia are the disorders most commonly associated with suicide and serious suicide attempts.
 - Substance use disorders which include alcohol, cannabis and other drug abuse and dependency, are also linked with suicidal behaviour. Substance use disorders often occur with mood disorders, anxiety disorders, and antisocial disorders. Additionally the disinhibiting and facilitating effects of alcohol increase the likelihood of impulsive suicide attempts.
 - Anxiety disorders, schizophrenia, and eating disorders are also associated

with higher risk of suicide.

- Personality disorders and traits, especially antisocial and borderline personality disorders, are also associated with higher risk of suicide.
- High rates of co-morbidity, which is the co-occurrence of two or more mental disorders, are also found in those engaging in suicidal behaviour.
- *Prior care for mental health problems.* Many people who make attempts or die by suicide have had a history of contact with medical, welfare and related services for mental health problems.

Psychological Risk Factors

Psychological risk factors increase the risk of the individual to reacting in a negative way to perceived stressful events. These risk factors include temperaments (the nature/personality we are born with), psychological vulnerabilities, and thinking and coping styles:

- *Feelings and thoughts of hopelessness* are strongly associated with suicidal behaviour. Hopelessness appears to be a stable psychological trait which may be independent from depression and can be present without someone being depressed.
- The *two temperament traits* most associated with suicidal behaviour are impulsive and/or aggressive traits, and neurotic (highly emotional) traits which encompasses depressive and withdrawn traits.
- *Other psychological factors* include having an external locus of control (feeling like they are unable to create changes in their world), low self-esteem, cognitive rigidity (difficulty thinking in different ways or seeing other perspectives), self-consciousness, and social disengagement (withdrawing from friends and whānau).

Genetic Risk Factors

There is evidence that there is a genetic component to suicidality with the higher rates of suicide found in families where there is suicidal behaviour. There is also evidence of increased risk where there is dysregulation in the neurotransmitter systems, particularly the serotonin system. However, genetic risk factors interact with environmental factors and so are often hard to tell which part is influencing what. Being aware of genetic risk and family history can help you better screen for risk.

Childhood Traumas and Difficulties

There are clear links between childhood trauma difficulties and traumas and later suicidal behaviour. Higher rates of suicide are found in young people who come from disadvantaged and dysfunctional whānau backgrounds. Those most at risk of suicide are those with multiple childhood traumas. These might include:

- Parental separation or divorce.

- Parental mental health difficulties.
- A history of sexual, physical, and emotional abuse, or of neglect.
- Difficulties in parent-child relationships and communications.
- Parental fighting and/or general unhappiness.
- Parental violent behaviour.

Psychosocial Stressors

Suicidal behaviour often follows stressful life events, particularly events that involve shame, humiliation, loss, defeat or threats (e.g., bullying). These events can act as triggers for the suicidal behaviour. In young people, the two key life events are:

- Interpersonal losses/change (e.g., placement changes) or conflicts particularly relationship breakups.
- Legal or disciplinary issues (e.g., dealings with the court system).

Other important life events that may increase risk are:

- Anniversary of someone else's suicide or death.
- Pregnancy or fear of pregnancy.
- Loss of freedom (incarceration).
- Physical, emotional or sexual abuse.
- Taunting or humiliation from peers (e.g., text bullying or cyberbullying).
- Loss of self-esteem.
- Actual, perceived or anticipated humiliation, reprimand, parental disappointment or disapproval (e.g., loss of face, or mana, or behaviour that does not fit in with the whānau's beliefs and values).

Young people who develop suicidal behaviour have also often had greater exposure to stressors and are exposed to more severe stressors. It is important to consider how many stressors, how often they are occurring, and over what time frame, as well as how well the young person is able to cope with these.

Social and Demographic Factors

- *Age* - the risk of suicide increases after puberty. Among young people (aged 15-24) suicide is most common in males aged 18 to 24 years. In the New Zealand CYF population, the most common age of suicide is 16 years of age.
- *Gender* - females make more attempts than males, but males more frequently die by suicide.
- *Ethnicity* - suicide rates are higher among young Maori children, adolescents, and youth under 25 years.
- *Education* - risk of suicide is higher in those with poor or limited education. There

is also increased risk among school dropouts or after a period of absence from school. And there is also higher risk in young people with frequent (over four) changes of school by age of 16.

- *Socioeconomic factors* - lower socioeconomic status and socioeconomic disadvantage are risk factors for suicide.
- *Unemployment* - some evidence for increased risk of suicide in those that are unemployed, but other factors such as mental illness may also be a factor that influences this.
- *Social* - increased risk of suicide of youth who are “drifting” and disconnected from major support systems of home, work and whānau.

Environmental and Contextual Factors

- *Exposure to suicide and suicide contagion* – young people in particular are more vulnerable to increased risk following exposure to a suicide. Young people have a history of difficulties and/or mental health issues are particularly vulnerable. This is true even if the young person does not have a close relationship with the person who died.
- *Media influences* – the reporting of suicide in the media can encourage suicidal behaviour. Publicity about suicide may also act to “normalize” suicide and increase the acceptability of suicide as an option.
- *Access to methods of suicide* – The most common methods of suicide in young people are hanging, firearms, and gassing using motor vehicle exhaust. Overdosing is more common in females. Because of the varied ways which young people attempt suicide, it is important to remove access to any of these means to make it harder for the young person to suicide.

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