RISK FACTORS AND TRIGGERS FOR SUICIDAL BEHAVIOUR IN YOUTH

Risk factors are life events that are associated with increased vulnerability and potential to lead to suicidal behavior.

Triggers are events that precipitate the suicidal behavior. Triggers in association with 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 behavior.

Risk factors for suicidal behavior act accumulatively. Therefore those young people with greater exposure to risk factors will have higher risk of developing suicidal behavior compared to those young people with no or fewer risk factors.

Mental Health Issues

• *Having made a previous suicide attempt* is the most significant risk factor and predictor of further attempts. Those whose attempts were of high lethality such as hanging, shooting or jumping are extremely high risk for completing suicide.

• *Suicidal ideation* – the more severe (high intent or planning) and pervasive (high frequency and duration), the greater the risk of an attempt being made.

• *Family history of suicidal behavior*. Rates of suicide are elevated where family members have made attempts or died by suicide.

• *Presence of mental disorder*:
  • 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 behavior. 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 elevated risk of suicide.
  • Personality disorders and traits, especially antisocial and borderline, are also associated with higher risk of suicide.
  • High rates of co-morbidity, co-occurrence of two or more mental disorders, are also found in those engaging in suicidal behavior.
• *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 predispose the individual to react in negative ways to perceived stressful events. These risk factors include temperaments, psychological vulnerabilities, and cognitive and coping styles:

• *Hopelessness* is strongly associated with suicidal behavior. Hopelessness appears to be a stable psychological trait which may be independent from depression and thus be present without someone being depressed.

• The *two temperament traits* most associated with suicidal behavior are impulsive and/or aggressive traits, and neurotic traits which encompasses depressive and withdrawn traits.

• *Other psychological factors* include having an external locus of control, low self-esteem, cognitive rigidity, self-consciousness, and social disengagement.

**Neurobiological 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 behavior. There is also evidence of increased risk where there is dysregulation in the neurotransmitter systems, particularly the serotonin system.

**Childhood Adversity**

There are clear links between childhood adversity and later suicidal behavior. Elevated rates of suicide are found in young people who come from disadvantaged and dysfunctional family backgrounds. Those most at risk of suicide are those with multiple childhood adversities.

• Parental separation or divorce.

• Parental psychopathology.

• A history of sexual, physical, and emotional abuse or neglect.

• Impaired parent-child relationships and interactions.

• Parental discord.

• Parental violent behaviour.

**Psychosocial Stressors**

Suicidal behavior is often preceded by stressful life events particularly events that involve shame, humiliation, loss, defeat or threat. These events can act as triggers for the suicidal behavior. In young people, the two key life events are:

• Interpersonal losses or conflicts particularly relationship breakups.

• Legal or disciplinary issues.
Other important life events are:

- Anniversary of someone else’s suicide.
- Pregnancy or fear of pregnancy.
- Loss of freedom (incarceration).
- Physical or sexual abuse.
- Taunting or humiliation from peers (may include “text bullying”).
- Loss of self esteem.
- Actual, perceived or anticipated humiliation, reprimand, parental disappointment or disapproval.

Young people who develop suicidal behavior have also often had greater exposure to stressors and exposure to more severe stressors.

Social and Demographic Factors

Age

The risk of suicide increases after puberty. Among youth (15-24) suicide is most common in males aged 18 to 24 years.

Gender

Females make more attempts. 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 class and socioeconomic disadvantage are risk factors for suicide.

Unemployment

Some evidence for increased risk of suicide but other factors such as mental illness may be important confounding influences.

Social

Increased risk on youth who are “drifting” and disconnected from major support systems of home, work and family.

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.
Media influences – The reporting of suicide in the media can encourage suicidal behavior. 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 gasing using motor vehicle exhaust. Overdosing is more common in females.

Reference


6. Youth Suicide Gatekeeper Training