Suicide Prevention II
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To decrease suicides, ‘ACT’ on Risk & Protective Factors ‘SAD PERSONS CARE’

**A**cknowledge that you see them suffering, being cognizant of the below-listed Suicide Risk Factors.

**C**aring words, which foster discussion. If Risk Factors & discussion cause you to question safety, ask: “Have you thought about suicide?” As indicated, ask: “What is your plan?”; “What keeps you from taking your life?” Pull for their thought that suicide would burden their loved ones forever.

**T**reatment is sought if your caring discussion will not keep them safe. Escort critically ill students.

Risk Factors:

**S**ex: Males are 4 times more likely to suicide than females. LGBTQ individuals are at increased risk.

**A**ge: At greatest risk are 15 to 24 year olds, largely due to their impulsivity. Older adults are at risk largely due to their losses.

**D**epression and other mood disorders: Risk increases with anger and with a family history of suicide.

**P**revious attempt: If previous attempt, student is 543 times more likely than peer to suicide in 1 year.

**E**thanol and other substance abuse.

**R**ational thinking loss: The risk of suicide increases: if one thinks the stigma of seeking help is too great; if one’s religious/cultural beliefs are that suicide is a noble resolution to problems; if one gives into the beliefs that prompt a suicide contagion. An infarct to their high social status could be life threatening.

**S**ickness or long-term health problem.

**O**rganized plan of how they would suicide.

**N**o significant other. Includes the breakup of a close relationship.

**S**ocial support lacking.

Protective Factors:

**C**oping skills, such as: problem solving; assertiveness; conflict resolution; relaxation techniques; accurate thinking techniques; building social networks.

**A**ccess to common suicide means is limited. Guns are used in 57% of suicides.

**R**eligious and cultural beliefs that discourage suicide.

**E**asy access to **E**ffective treatments.

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