

Suicide Assessment

Warning Signs:

Warning signs should be attended to and not be ignored or perceived as an attention getter.

These warning signs are a

way to reach out and ask for help.

C

ommon warning signs for suicide

assessment include the following signs/symptoms:

A. Verbal

DIRECT:

“I am going to kill

myself.”

INDIRECT:

“

You are all going

to be sorry, when I am no longer here.”

“My life is

not worth living anymore.”

B. Psychological

•

long term

depression

•

feeling helpless

•

feeling hopeless

•

feeling overwhelmed

•

feeling sad

C. Emotional

•

pre

-

occupation with death

•

lack of

appetite/overeating

•

sleep disturbances

•

poor concentration

•

isolation

•

crying

D. Behavioral

•

low self esteem

•

inability to perform daily tasks

•

previous suicide attempts

•

suicide note

•

engaging in risky

or impulsive

behavior

•

sudden poor school or job performance

•

giving away important things

•

lack of interest in things previously

e

njoyed

•

sud

den refraining from activities

with family

and friends

•

sudden unexplained recovery from depression,

sudden positive outlook

-

like

the person

i

s fine

E. Situational

•

school or career problems

•

loss of job/career

•

death of a loved one or peer

•

suicide of a loved one or peer

•

relationship break

-

up/separation/divorce

•

multiple losses

•

terminal illness

Things you should ask and do:

•

Are

you thinking of hurtin

g

yourself

(committing suicide)

?

•

How long have you been thinking about suicide (frequency, intensity, duration)

?

•

Do you have a plan

?

G

et specific

information if there is a plan.

•

Do you have the means

to carry out the plan (accessibility of a weapon, pills,

drugs, etc

.

)

?

•

Have you attempted suicide in the past?

•

Has someone in your family committed suicide?

•

Is there anything

or anyone to stop you

(religious belief

s, children left behind, pets, etc.)

?

•

Depending on the responses

:

o

Set up a suicide contract

o

Provide the client with emergency/crisis numbers

o

Explore what resources are available, e.g. family support, friends, etc.

o

Develop a plan to deal with

potential weapon

s

, medications, drugs, etc

o

Increase frequency of counseling

sessions, possible phone chec

k

-

ins

o

Assess the need for getting the client assessed for medications

o

Assess the need to contact the “crisis team” if available at your agency

o

Get the client hospitalized

if necessary

Fact Sheets

are developed and distributed by the American

Counseling Association’s Traumatology Interest Network, and may be

reproduced for use with first responders, and mental health volunteers, without written permission, but cannot be included in

materials presented for sale or profit, nor other publications.

The American Counseling Association must be credited in all

reprints/adaptations, including those produced by third parties. Please download the most updated versions by going to

www.counseling.org