



Depression and Suicide: The Need for Awareness of Signs of Suicidal Cognitions and Lethality

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Authors' contributions

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ABSTRACT

Although suicide is often talked about in vague, general nebulous terms, there is little in the literature that prepares clinicians and mental health workers and counselor to the subtle signs that a person may be contemplating suicide. This paper attempts to partially fill this void.

Keywords: *Suicide; lethality; depression; signs and symptoms.*

1. INTRODUCTION

As death rates spike in the US, suicide becomes the third leading cause of death among 15 to 24-year old's. That statistic leads researchers and other health professionals to think about the possible risks and signs of suicidal behavior as

well as lethality. In the article titled, Preventing Youth Suicide: The Importance of Detecting Risk Factors and Warning Signs, the researchers talked about how suicide affects the youths and what adults, teens, health professionals, parents can do to notice the signs and implement the right interventions to prevent a suicide. The

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researcher's purpose of this article was to "discuss the importance in detecting the risk factors and warning signs to youth suicide" [1]. We believe this article gave great insight into what the possible signs are and the factors that go into suicide. Additionally, the researchers give the readers interventions to use when helping someone who is dealing with suicidal ideation. Key components are connecting, involving, and speaking with the youth [1].

2. RISK FACTORS

The researchers found a plethora of risk factors as well as signs that were produced during this study. One crucial part among suicide prevention is that of the development of positive social and emotional connections among youth [1]. The researchers were able to discover that "among all high school students, females in the 9th and 10th grades reported the highest rates of seriously considering and attempting suicide." (pg. 35) There were also statistics supporting that ethnicity plays a role in suicide attempts as well. During the study, researchers found that Hispanic students were more likely than white and African American students to feel sad or hopeless. However, African American students were less likely to attempt suicide than Hispanic and white students. This is interesting when thinking about how some ethnicities were raised throughout childhood and how each person found coping strategies for the circumstances they were in.

Other risk factors include poor parenting practices, low levels of parenting support, and low-quality peer relationships [1] having a healthy parent-child relationship will lessen the likelihood that the child is at risk. Studies have shown that attachments to the child could determine level of depression or other mental health disorders. Additionally, people should be aware with how the parenting styles affect their children. Authoritarian parenting offers high controlling behaviors and demandingness with low levels of responding to the children. This parenting style may cause the child to have greater issues with mental health than other parenting styles [1].

Other contributions to suicide involve perceived hopelessness and lack of connectedness to important others around you [1]. This makes good reasonable common sense because people value and like feeling connected and if we are failing at connecting with people, it may affect our mood and esteem to the point where we don't

reach out to people anymore or are reluctant to interact with people. Disruptiveness in the individual's life is also a factor that is worth exploring, examining and worth being looked into during the therapeutic process. Whether someone has had a disruptive event or major catastrophe, this event may push them to suicide. Disruptive events include, death in the family, loss of job, failed relationship, chronic bullying, etc. What is important is to separate what risk factors and warning signs are. They both should be taken seriously; however, warning signs considers the lethality and the characteristics a person has when they are contemplating taking their life.

3. WARNING SIGNS

Nearly 9 in 10 people who are suicidal show warning signs [1]. This supports that suicide can be prevented. The researcher suggests that there are three types of suicidal warning signs such as, behavioral, verbal, and stressful warning signs [1].

Behavioral is when the person displays symptoms close to depression, changes in appetite, changes in school performance, feeling helpless, loss of energy and interest in once pleasurable activities, giving cherished items away, being isolated or withdrawn from society [1]. Verbal signs include statements like, "I want to kill myself," "I want to die," "I can't stand living anymore" [1]. While stressful signs are changes in close relationships, history of suicide attempts, recent losses, death of loved one, easy accessibility to firearms [1].

Teens act impulsively so detecting these signs or possible risk factors are necessary when preventing a suicide. The researchers then discuss about how the more someone knows the factors and signs the better the conversation will be when discussing suicide with someone.

4. PREVENTION AND INTERVENTION

Noticing the signs and risk factors is only one part of helping someone with suicidal ideation. The researchers discuss prevention and intervention components when helping someone. Some strong ways to prevent suicide in your community is to create positive sense of belonging and support within the family, school, or peer group, build close relationships to protect youth from feelings of isolation, and communication between parents and youth is

encouraged [1]. Being a part of something is a lot better than isolation. What we believe these researchers were hoping for at the end of this study was to bring a sense of community to people who have affected by suicide. Talking about suicide in a healthy manner and bringing people together will combat suicide but we first have to notice the signs and potential factors before we can combat this phenomenon. Adler and his colleagues [2] took a mixed methods and grounded theory approach to discover underlying signs of suicidal behavior. The researchers in this study took 35 patients who attempted suicide and were analyzed to review any cognitive themes emerging from the transcripts. Some signs included state of hopelessness, focus on escape, suicide as a solution, fixation on suicide and aloneness. Additionally, the researchers have defined suicide warning signs as signs that signify imminent risk for suicide [2].

This study delved into the signs of suicide lethality in an individual. By becoming aware of the warning signs, people can negate the successful attempts of suicide and begin to help individuals who have ideations or feelings of worthlessness. During the study, researchers found several warning signs for suicide which include hopelessness, anger, reckless behavior, feeling trapped, ongoing substance use, social withdrawal, agitation, sleep disturbances, and lack of reasons for living. [2] Although, these aren't all the signs.

Further research is needed to uncover more signs of suicidal lethality. "Warning signs, which imply imminent risk, must be differentiated from risk factors, which imply enduring or long-term risk" [2]. This knowledge could save someone in hours, days or weeks before a suicide attempt.

5. METHODS

The transcripts from the therapy sessions acted as the qualitative data. On the transcripts were the patients accounts for the moments leading up to the suicide attempt. The researchers wanted to know the thoughts, feelings and what happened leading up to their attempt. The researchers uncovered that the average number of days between the suicide attempt and the date of the therapy session was 36.7 days [2].

The Beck Depression Inventory was used to survey the patients and measure their depressive symptoms. The answers were coded and acted as themes that the patients would feel.

6. RESULTS

The first theme was state of hopelessness and patients thought "they could not change their lives and believed that things would always be bad. Most patients felt hopeless in general, while other patients described hopelessness in relation to a specific problem." (pg. 534) Focus on escape was second where patients reported feeling tired or overwhelmed by their suicidal thoughts. The next theme was suicide as a solution. During this theme patients "end pain and suffering," "obtain peace," eliminate worries, or solve health, financial, or relationship problems. (pg. 534) Fixation on suicide was where the patients just wanted to die [2]. Suicide was also seen as a source of control when other aspects of the patient's life were out of their control [2]. Aloneness was described by patients as rejection and thinking no one cared about them; which could be triggered by interpersonal interactions [2].

After reviewing the themes of the patients, the researchers compared the themes and put them into categories that were like Rory O'Conner's motivational-volitional model of suicidal behavior which incorporated a pre-motivational phase involving background factors and triggering events [2].

The second phase was a motivational phase involving thoughts of defeat=humiliation, feelings of entrapment, and the development of suicidal ideation and intent, and the last phase was a volitional phase during which suicidal behavior is carried out [2]. An example of this would be the state of hopelessness a motivational factor to trigger suicidal ideation [2].

This study was able to review the cognitive warning signs that occurred one day within a suicide attempt [2]. A next step in this line of research will be to test this conceptual model in a larger, more diverse sample of people who attempted suicide [2]. This study was beneficial not only for health professionals but for individuals who have dealt with suicidal ideation or suicide in their family. The researchers made a good point where patients can also be cognizant of the warning signs so that they can seek help when they are engulfed in these different feelings. This study cultivated great information about suicidal signs because the signs were taken from people who have attempted before as well as listening the cognitions they were going through leading up to

their attempt. The most recent work is by Melhem, Porta, Oquendo, Zelazny, Keilp, Iyengar, Burke, Birhaer, Stanley, Mann and Brent [3] which was published online Feb 27, 2019 (doi:10.1001/jamapsychiatry.2018.4513).

In this study, they found that depressive signs and symptoms over time tended to predict suicide. There were 663 subjects whose parents apparently had mood disorders. Other factors such as child abuse and neglect, mood disorders, and a history of parents attempting suicide were also examined. The group studied actual, interrupted and aborted attempts. Further subjects who showed suicidal ideation were included. The subjects were approximately half males and half females although the study did not indicate passive attempts or more dangerous active attempts. Variability over time was also thought to be imperative and self-report questionnaires were procured. The authors concluded that while clinicians did routinely evaluate for suicidal ideation that there needs to be another examination of the severity of symptoms and the fluctuation of symptoms that may better help predict who will attempt suicide.

Robinson [4] has written on the factors and variables involved in assessing suicidal risk. He has developed a mnemonic to cover the key elements in assessing/evaluating suicidal risk. They are:

“SADDLE SORE WOMAN” and the factors are :

S= Social Isolation

Age-

Disturbance in inter-personal relationships
Drug use/abuse
Lethality of Method
Ethanol Use
Sex (gender)
Occupation
Repeated Attempts
Event- acute precipitant
Will- Created or Altered
Organic Condition (chronic medical illness)
Mental Illness
Antidepressants, Akathisia

Note Written (p.227)

- 1) Social Isolation is a problematic factor. Individuals who live alone, who have no

support group, no one to look in on them so to speak are at a higher risk of doing something foolish or taking their own lives. These individuals may live next door to a large family- but remain isolated and never reach out to others.

- 2) Often the elderly are more at risk- although there seems to be an increase in suicide across all age groups. The elderly may not want to be a burden on their children or families and hence will end it all to save a long, lengthy illness or placement in a nursing home.
- 3) Disturbance in inter-personal relationships--Those who may have just divorced or separated are at greater risk for suicide. The one person who has been a stable factor in their lives has deserted them or left them for another individual. Depending on the amount of time they have been together- a breakup can be extremely traumatic.
- 4) Drug use or abuse can provide the avenue for a person to commit a passive type of suicide. Rather than use a gun or jump off the top of a building, the person can simply take an overdose of pills and slit their wrists in a bathtub.
- 5) Lethality of Method- If a person has access to a number of weapons, shotguns and the like there is obviously an increased risk. The more violent or aggressive the plan, the more concerned the clinician should be.
- 6) Ethanol use- While there may be some data regarding alcoholics, it is not prudent to make vague generalizations, but as we know, alcohol lessens cortical inhibition and thus, when mixed with drugs can provide a deadly scenario.
- 7) Sex- Males and females both commit suicide although they each may do it quite differently. Often a car accident is in reality a suicide and often an overdose is a feeble attempt to “end it all”.
- 8) Occupation- In certain occupations, the person, client, patient is removed from human contact and is thus more “at risk”. If the person is surrounded by caring people who reach out to this person on an ongoing basis- the chances are that someone will reach out to assist a depressed individual or at least inquire as to their status.
- 9) Repeated attempts- Often some individuals will attempt suicide as a call for help or may actually believe that taking 10

- aspirin will end their lives. Often the attempts become more pronounced and more deadly and if there is no therapeutic intervention, the prognosis is problematic.
- 10) Event- In many instances there has been some major event in the individuals life. They may have been fired from a job and they may decide to "commit suicide by cop" meaning that they are going to "go postal" and start shooting and expect a police officer to " finish the job" so to speak.
 - 11) Will- The Last Will and Testament is a very final telling document. It is putting one's affairs in order so to speak and leaving behind a clear message to the survivors.
 - 12) Organic Conditions- Chronic Medical Problems are often a cause for the person to feel emotionally drained and depleted.
 - 13) Mental illness- Obviously the person has a history of some type of psychological or psychiatric difficulties- and psychotherapy has not been effective. Indeed, if the client/patient has been seen by a novice, things may have been exacerbated in that the client may not feel understood and respected.
 - 14) Antidepressants can be problematic- if they are not effective- and even with increasing dosages the patient does not feel better- then frustration and exasperation may occur. " Akathisia is a restlessness or "squirreliness" usually due to antipsychotic use) that causes patients to feel they must keep moving...can be very distressing and some patients have taken their lives rather than endure this unpleasant feeling" (p.230)
 - 15) Note written---If a person goes to the trouble of leaving a suicide note, there is a certain finality to the entire process. This may be a type of closure for some individuals, or a communication to others, in effect, leaving a message, so to speak to those that may have harmed or injured them.
- 1) Giving away "stuff " - Cleaning out locker, giving away C.D.'s, personal belongings, MP3's etc.
 - 2) Talking Philosophy---the meaning of life, the meaning of existence
 - 3) Talking about famous people who have committed suicide- Kurt Cobain, etc. and famous people who have overdosed- Janis Joplin, etc. and those who are no longer with us- John Lennon and other famous people and rock stars.
 - 4) Comments such as "You won't see me around here much longer " or " you won't see me back here after Thanksgiving (or Christmas)
 - 5) Holidays---kids are often understandably upset around holidays--everyone else seems to be happy- but they aren't. Adults are also impacted by the stress of gift giving, presents and the like.
 - 6) Kids that have already attempted suicide---they have scars on their wrists, (they wear these scars sometimes proudly) and kids that SEEM to have recovered from a suicide attempt too quickly or too readily or too rapidly (these are kids who have taken, say 10 aspirin, and then rushed to the E.R.) but learn that 10 aspirin are not going to end their lives---they feel ashamed--" I can't even succeed at killing myself properly.)
 - 7) LOSS---this could be the loss of a part time job, loss of a loved grandmother, loss of a pet, loss of a place on the basketball team or other sport, loss of an aunt/uncle and REPEATED losses--a grandmother dies one month, and an uncle the next...
 - 8) The Plan---the student says "I know exactly how I am going to do it" and you as the clinician or teacher say " Do what ?"....the more exact, specific, the plan, the more you need to be concerned. If the patient/client child has a very specific thought out plan and access to a lethal weapon, hospitalization should be considered and referral to the appropriate person in the school setting (nurse, counselor, principal).
 - 9) CLUSTER SUICIDES---sometimes a group will enter into a pact- so if the quarterback commits suicide, he is followed by the running back, then tight end...we call this the ripple effect--and often the suicide pact notes are found...later... In other instances, one suicide will give a peer at the high school the impetus to "go thru with it ". There is

Teachers as Primary Evaluators

Teachers are supposed to be teachers, but they are also supposed to be on the lookout for signs of mental illness, depression, and sadly suicide. Since many teachers have indicated an interest in this topic , this section will try to develop an overview guide of some of the signs/symptoms that are often seen in students contemplating suicide.

- this thinking that "if so and so can do it- so can I".
- 10) Alcohol---alcohol lessens cortical inhibition--so if the child/adolescent is caught with alcohol in their locker, and PILLS- this is a bad combination....There is the concern about overdose as well as driving a motor vehicle while impaired.
 - 11) Drawings---of graves---with R.I.P. and date of birth, and a close date
 - 12) Often patients, clients will begin to discuss existentialism, the meaning of life, the purpose of life and other famous suicides for example Hemingway, etc.
 - 13) Last will and testament---they have their possessions clearly marked out- who gets what. Often a student or client will be quite specific as to their worldly possessions which were once of great value to them.
 - 14) When students or clients ask you to ' Hold something" for them over the weekend if in a school setting or as a client nears a holiday----THE LIGHT BULBS SHOULD GO OFF! They have their final letter or last will and testament in that envelope--and you do not want to be the person to open it and see what they had planned after their death.
 - 15) Students wanting to talk to you at 2:45 or 3:00 p.m. on a Friday---you are their last chance--- their last opportunity to see if someone cares.
 - 16) Religion---when clients, patients, children or adolescents start talking to you about God, religion, and ask "Do you think people who commit suicide will get to heaven? (or something like that) Kids know that they should not be talking about religion in school- but some do anyway....
 - 17) Memories----" Will people remember me when I am gone " Will people remember all the work I did on the school play? Such comments are very subtle hints that they have enough insight to believe that their memories live on"
 - 18) Change---any type of major change---drop in grades, disheveled appearance, bloodshot eyes....
 - 19) Running Away from home---kids who repeatedly run away from home- and this is brought to your attention (they may be being sexually abused and they see no other escape---the REAL escape is however, suicide- which is of concern)
 - 20) Blatant Symptoms---hearing voices, smelling things that are not there, strange sensations (fleas, worms or ticks on shoulders or arms)
 - 21) Bizarre drawings (for example of the human body with the internal organs being attacked by intruders--) hearts, broken hearts with comments such as "sorry it had to end this way" etc
 - 22) Upside down crosses, sixes, and handwritten strange oddities (a teacher gave the first author a sheet of paper that she could not make heads or tails of---it was the Our Father written backwards---this is witchcraft, demon worship, and unfortunately in some places there are actually book stores that carry these books)
 - 23) Family History---This should not be neglected in the history. IF mother, father, uncle, cousin, aunt, and other relatives have committed suicide- the risk goes up. Suicidal behavior is not genetically inherited---but in families- children grow up hearing about how Uncle Charlie met his end, and what happened when uncle Fred lost his job, and the time that Aunt Harriet drove her car into a tree----So, there is almost an established pattern that has developed in certain families.
 - 24) Anniversaries--or important dates or birthdates---for whatever reason---Christmas, Easter, Halloween, Thanksgiving---all seem to resurrect things, memories of past important events or losses. Further, patients and students have more time on their hands to reflect on their situation and losses and difficulties. Further, their structure breaks down (no school, no routine, no work)
 - 25) Family unit---If parents are divorced, and the adolescent is living with an aunt, uncle, older brother, grandparent---the concern goes up...The person may not have very many good memories of childhood to fall back on. This is an often neglected area in this realm. Often suicidal individuals have had a very difficult traumatic childhood.
 - 26) Church affiliation- does the child attend? In some religions, it is not acceptable to commit suicide- as the person will go straight to hell In other religions, for whatever reason, little mention is made of it...so there is sometimes a tacit approval- although not verbal.
- Friend [5] has indicated that there are specific verbal clues that would lead teachers to feel that

a student may be considering ending their own lives. These are:

- 1) " I shouldn't be here"
- 2) "I'm going to run away"
- 3) " I wish I were dead"
- 4) "I'm going to kill myself"
- 5) "I wish I could disappear forever"
- 6) " If a person did _____would he or she die?"
- 7) "The voices tell me to kill myself">
- 8) "Maybe if I died, people would love me more".
- 9) " I want to see what it feels like to die." (p 204)

In addition, Friend [5] has indicated there are specific behavioral clues:

- 1) Talking or joking about suicide.
- 2) Giving possessions away.
- 3) Being preoccupied with death or violence in television, movies, drawings, books playing or music.
- 4) Displaying risky behavior such as jumping from high places, running into traffic, and self-cutting
- 5) Having several accidents resulting in injury, including close calls.
- 6) Being obsessed with guns and knives
- 7) Previously having suicidal thoughts or attempts. (p. 204)

Merrell [6] has indicated several preliminary steps that can be followed in terms of responding to a potential suicidal child or adolescent. Merrell has indicated that counselors and teachers need to ascertain if these step are in line with whatever school policy there may be prior to attempting these.

- 1) Thinking about suicide> If there is plausible reason to believe that a student is considering suicide, ask the student about it directly. Keeping the wording developmentally appropriate, the counselor can ask "Have you been thinking about hurting yourself?" or "Have you been thinking about wanting to be dead?"
- 2) Suicide plan. If there is any indication of suicidal ideation, the next step is to determine whether the student has made an actual plan. Ask questions such as "Have you thought about how you might do it?" or "How would you do it ?" Generally more specific thought out plans indicate a greater risk of an attempt, although with impulsive youth, this is not necessarily the case.

- 3) Method. If the student has a plan, determine what has already been put in place to carry out the plan. What methods are being considered and how available are they? Determine the exact location of any lethal means (e.g., firearms, drugs).
- 4) Intended place or setting. Where does the student intend to commit the suicide act? Has he or she written a note, and if so, what does it say?
- 5) Immediate protective action. If there is reason to believe that the student is seriously considering suicide, immediate protective action should be taken. If there is a risk of imminent danger, notify parents and whoever else needs to be notified, depending on the circumstances, school policy and local laws. Do not leave a suicidal student alone, even briefly.
- 6) Suicide contact and follow up planning. If there is no evidence of immediate danger but the professional school counselor is still concerned about the possibility of suicide, help the student complete a written contract in which he or she promises to (a) not engage in any self-destructive behavior and (b) call an appropriate person or agency if he or she is considering self- harm. Make sure the student has names and phone numbers of people to contact. Plan for ongoing counseling, be mindful of confidentiality issues, consult with others, and meet with the student's parents if the situation warrants doing so (p.3) [7]

Specific Realms for Adults

Some adults may choose suicide for a variety of reasons. Some follow.

- 1) Cancer- Their treatment may not have been very effective or they cannot afford treatment as their insurance does not cover the various drugs or radiation or chemotherapy that is required. For some individuals who have lived long and healthy lives, cancer is a shock and a condition with which they have difficulty coping. Unless there is a caring, loving, nurturing spouse or significant other, suicide may be seen as a viable option, and one which may avoid having others take care of them for long periods of them. Some people do not want to be a burden to their loved one and may decide to spare them the last stages of cancer.

- 2) Divorce- For some adults, divorce is a fate worse than death. They have devoted many years to a mate or spouse or significant other and may be bewildered by what has transpired. The divorce may come as a shock and dealing with the legal proceedings and dividing up the house/home and dealing with child custody issues can become overwhelming.
- 3) Death of a Loved One- Losing a mate of 20, 30 or more years can be devastating, especially if these individuals do not have other relatives or children to grieve and mourn with and to share the burden of mourning.
- 4) Unemployment- For some individuals, the loss of their job can be devastating, especially if they are in deep credit card debt and have no funds in their bank and no assets to fall back on.

7. CONCLUSION

There are many, many reasons while children, adolescents and adults chose to end their own lives. This paper has cursorily reviewed some of the issues and signs and symptoms in an attempt to assist mental health clinicians and counselors to be aware of the warning signs that often occur prior to a suicide attempt.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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