Acute Suicide Risk – Recognizing Suicidal Crises

From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Overview

According to the fluid vulnerability theory of suicide, everyone has fluctuating risk for suicide.[1] Chronic or static factors (e.g., sex, trauma history, psychiatric history, past suicide attempts) contribute to one's baseline risk level or susceptibility to an acute (time-limited) suicidal crisis under certain conditions, while dynamic or fluctuating life disruptions (e.g., emotional distress, relationship problems, alcohol intoxication, hopelessness, agitation) can interact with baseline risk factors to trigger a suicidal crisis.[2,3] Abrupt changes, including new stressors or changes in symptoms, may occur days or minutes before a suicidal crisis.[3] Identifying abrupt changes in acute risk can afford clinicians the opportunity to deploy potentially lifesaving interventions. A safety plan can be used before or during a crisis with Veterans at risk for suicide. Safety plans are designed to help people navigate increases in acute risk (i.e., suicidal crises) that are precipitated by these types of acute stressors.

Key Findings

Changes in Suicidal Thoughts and Plans

- Changes in suicidal ideation, such as worsening thoughts (more frequent, more intense) or planning an attempt, are indicative of acute suicide risk.[4]
- The intensity of ideation can change rapidly, often in a matter of hours, with changes in ideation precipitating a suicide attempt.[5,6] People whose ideation fluctuates rapidly are likely to be at greater risk for suicide than people with more stable patterns of ideation.[7]
- Seeking lethal means, preparing for death, and rehearsing suicide may also indicate that ideation is becoming more serious.[8] However, some people who attempt suicide may not display any of these behaviors.

Negative Life Events

- Precipitating factors to suicide caused by negative life events may differ by demographic factors, mental health status, and disclosure of suicidal intent.[9] Males were more likely than females to experience more precipitating factors, including criminal legal issues, job issues, and financial issues. Younger suicide decedents had more intimate partner problems, while middle-aged suicide decedents experienced more struggles with employment, finances, and loss of housing. Mental health issues were more strongly associated with employment or physical health problems. Individuals who reported suicidal ideation had increased incidence of all precipitants.[9]
- Negative life events (e.g., interpersonal conflicts, legal problems, job loss/unemployment, financial hardships, emotional distress) often occur days to weeks before a suicide attempt.[10,11] For example, in a study of active-duty U.S. soldiers, 23% reported having "financial problems" in the 24 hours preceding a suicide attempt.[11]
- Interpersonal conflicts, particularly between spouses or partners, confer the greatest odds of attempting suicide.[10]
- Negative life events are common triggers for suicidal behavior among people who had not planned suicide.[10] One study found that those who died by suicide on a first attempt required a less intense stressor precipitating the suicide than individuals with a history of suicide attempts.[12]
- Negative life events may interact with chronic or static factors in precipitating a suicidal crisis.[3] Those who have made two or more suicide attempts appear to endorse more chronic stressors than those who have made one suicide attempt or endorse only suicidal ideation.[3] Adverse social determinants of health may also have an impact on acute risk and each additional stressor can increase the odds of suicidal ideation and attempt.[13]

Acute Shame

- A study of Veterans hospitalized for suicidal ideation investigated the role played by shame in suicidal ideation, urges for suicide, and urges for substance use. The results demonstrated that an acute change in feeling shame was statistically correlated with an acute change in urge

for suicide, but was not correlated with urges for substance use.[14]

Onset or Worsening Sleep Disturbances

- Insomnia is associated with suicidal ideation and behavior, even after accounting for anxiety, depression, and substance use disorders.[15,16,17]
- Sleep disturbances have been identified as an acute risk factor among Veterans, with Veterans who had sleep disturbances dying by suicide sooner than Veterans without sleep disturbances after their last visit with a VHA health care provider.[18]
- Reductions in insomnia symptoms following brief cognitive-behavior therapy (BCBT) were associated with changes in suicide risk among active duty U.S. Army soldiers. Longitudinal growth models showed that reductions in an individual's insomnia severity were predictive of same-time reductions in suicidal ideation.[19]

Worsening Alcohol and Substance Use

- People who die by suicide often meet alcohol and substance use disorder criteria.[20] While alcohol use disorder is a baseline risk factor for suicide, acute alcohol use is an acute risk factor.[21]
- One study found that the risk for suicidal behavior increased by 30% for every drink consumed; even low levels of consumption (one or two drinks) contributed to increased risk.[22]
- Another study found that people who frequently consumed large amounts of alcohol or drank to cope with negative emotions were at greater risk for heavy drinking before a suicide attempt.[23]

New Diagnosis of a Mental Health Condition and Certain Other Health Conditions

- A person's suicide risk is highest in the first year (and especially in the first three months) after receiving a mental health diagnosis.[24] Possible explanations include poor adjustment to the diagnosis, leading to heightened feelings of hopelessness and stress.[24,25] People may also tend to receive a diagnosis when their symptoms are particularly bad.[24]
- People with certain other health conditions, including certain cancers, diabetes and chronic obstructive pulmonary disease, are at increased risk for suicide.[26,27,28,29]

Ways You Can Help

- VA clinicians should use patient record flags to help identify and track patients at high risk for suicide. Find VHA Directive 2008-036, Use of Patient Record Flags To Identify Patients at High Risk for Suicide and other directives on the ***VHA Publications Directives Homepage***.
- The ***VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide*** includes a risk stratification table which can help physicians discern between chronic and acute risk as well as identify corresponding actions.
- ***VA's Suicide Risk Management Consultation Program*** provides free consultation, support, and resources that promote therapeutic best practices for providers who work with at-risk Veterans.
- Assess patients for sleep disturbances; As acute changes in sleep warrant careful suicide risk assessment and care. The ***VA/DoD Clinical Practice Guidelines*** details recommendations for patients with Chronic Insomnia Disorder and Obstructive Sleep Apena.
- VA's Path to Better Sleep is a program for people who are having insomnia and difficulty sleeping. It includes the use of ***Digital Cognitive Behavioral Therapy (SleepEZ)*** to improve sleep without using medication. Tips include setting a sleep schedule, modifying sleep behaviors, and reducing unhelpful thoughts.
- The Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) has developed an abundance of ***Lethal Means Safety & Suicide Prevention*** resources, including toolkits, pocket cards, videos, and more.
- Access the resources and information at the ***VA National Center on Homelessness among Veterans***.
- Be invested in understanding Veterans' employment needs and barriers, and routinely ask about employment status as part of treatment. Proactively assist unemployed, underemployed, and unstably employed Veterans to access and

engage in ***available employment programs*** offered through the VHA Vocational Rehabilitation programs at all VA medical centers. There are a range of employment services available at each program location, including supported employment, which has a strong evidence base and supports Veterans to obtain and maintain employment.

- ***VA's Veterans Justice Outreach (VJO)*** program works with local criminal justice partners to identify Veterans at earlier stages of justice involvement and connect them to resources.
- Provide Veterans who are struggling with relationship challenges with resources, treatment options, and self-help tools. Many VHA facilities and Vet Centers offer couples counseling. ***VA's Make the Connection*** has videos, information on signs as to when Veterans should reach out for support, a free and confidential self-assessment to get feedback on their relationship challenges, and more.
- Connect Veterans to financial tools and resources at the ***National Center for Veterans Financial Health*** in the following domains: housing, food security, auto/clothes, saving, budgeting, impulse buying, work, school, benefits, investing, debt management, credit, lowering bills, avoiding scams, secure banking, and preparing for financial emergencies.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

References

1 Rudd, M. D. (2006). Fluid vulnerability theory: A cognitive approach to understanding the process of acute and chronic suicide risk. *Cognition and Suicide: Theory, Research, and Therapy*., 355–368.

2 Brüdern, J., Glaesmer, H., Berger, T., & Spangenberg, L. (2022). Understanding suicidal pathways through the lens of a Dual-System Model of Suicidality in real-time: The potential of ecological momentary assessments. *Frontiers in Psychiatry*, 13, 899500.

3 Bryan, C. J., Clemans, T. A., Leeson, B., & Rudd, M. D. (2015). Acute vs. chronic stressors, multiple suicide attempts, and persistent suicide ideation in US soldiers. *The Journal of Nervous and Mental Disease,* 203(1), 48–53

4 Ballard, E. D., Farmer, C. A., Shovestul, B., Vande Voort, J., Machado-Vieira, R., Park, L., Merikangas, K. R., & Zarate, C. A., Jr. (2019). Symptom trajectories in the months before and after a suicide attempt in individuals with bipolar disorder: A STEP-BD study. *Bipolar Disorders*, 22(3), 245–254.

5 Kleiman, E. M., Turner, B. J., Fedor, S., Beale, E. E., Huffman, J. C., & Nock, M. K. (2017). Examination of real-time fluctuations in suicidal ideation and its risk factors: Results from two ecological momentary assessment studies. *Journal of Abnormal Psychology*, 126(6), 726–738.

6 Millner, A. J., Lee, M. D., & Nock, M. K. (2017). Describing and measuring the pathway to suicide attempts: A preliminary study. *Suicide & Life-Threatening Behavior*, 47(3), 353–369.

7 Bryan, C. J., Rozek, D. C., Butner, J., & Rudd, M. D. (2019). Patterns of change in suicide ideation signal the recurrence of suicide attempts among high-risk psychiatric outpatients. *Behaviour Research and Therapy,* 120, 103392.

8 Weber, A. N., Michail, M., Thompson, A., & Fiedorowicz, J. G. (2017). Psychiatric emergencies: Assessing and managing suicidal ideation. *The Medical Clinics of North America,* 101(3), 553–571.

9 Chen, T., & Roberts, K. (2021). Negative life events and suicide in the National Violent Death Reporting System. *Archives of Suicide Research*, 25(2), 238–252.

10 Bagge, C. L., Glenn, C. R., & Lee, H. J. (2013). Quantifying the impact of recent negative life events on suicide attempts. *Journal of Abnormal Psychology*, 122(2), 359–368.

11 Bryan, C. J., & Rudd, M. D. (2012). Life stressors, emotional distress, and trauma-related thoughts occurring in the 24 h preceding active duty U.S. soldiers' suicide attempts. *Journal of Psychiatric Research*, 46(7), 843–848.

12 Buchman-Schmitt, J. M., Chu, C., Michaels, M. S., Hames, J. L., Silva, C., Hagan, C. R., Ribeiro, J. D., Selby, E. A., & Joiner, T. E., Jr (2017). The role of stressful life events preceding death by suicide: Evidence from two samples of suicide decedents. *Psychiatry Research*, 256, 345–352.

13 Blosnich, J. R., Montgomery, A. E., Dichter, M. E., Gordon, A. J., Kavalieratos, D., Taylor, L., Ketterer, B., & Bossarte, R. M. (2019). Social determinants and military veterans' suicide ideation and attempt: A cross-sectional analysis of electronic health record data. *Journal of General Internal Medicine,* 35(6), 1759–1767.

14 Cameron, A. Y., Shea, M. T., & Randall, A. B. (2020). Acute shame predicts urges for suicide but not for substance use in a Veteran population. *Suicide & Life-Threatening Behavior,* 50(1), 292–299.

15 Pigeon, W. R., Pinquart, M., & Conner, K. (2012a). Meta-analysis of sleep disturbance and suicidal thoughts and behaviors. *The Journal of Clinical Psychiatry,* 73(9), e1160–e1167.

16 Pigeon, W. R., Bishop, T. M., & Titus, C. E. (2016). The relationship between sleep disturbance, suicidal ideation, suicide attempts, and suicide among adults: A systematic review. *Psychiatric Annals,* 46(3), 177–186.

17 Lin, H. T., Lai, C. H., Perng, H. J., Chung, C. H., Wang, C. C., Chen, W. L., & Chien, W. C. (2018). Insomnia as an independent predictor of suicide attempts: A nationwide population-based retrospective cohort study. *BMC Psychiatry,* 18(1), 117.

18 Pigeon, W. R., Britton, P. C., Ilgen, M. A., Chapman, B., & Conner, K. R. (2012b). Sleep disturbance preceding suicide among veterans. *American Journal of Public Health*, 102 Suppl 1(Suppl 1), S93–S97.

19 Roberge, E. M., Bryan, C. J., Peterson, A., & Rudd, M. D. (2019). Variables associated with reductions in insomnia severity among acutely suicidal patients receiving brief cognitive behavioral therapy for suicide prevention. *Journal of Affective Disorders,* 252, 230–236.

20 Conner, K. R., Bridge, J. A., Davidson, D. J., Pilcher, C., & Brent, D. A. (2019a). Metaanalysis of Mood and Substance Use Disorders in Proximal Risk for Suicide Deaths. *Suicide & Life-Threatening Behavior,* 49(1), 278–292.

21 Conner, K. R., & Bagge, C. L. (2019b). Suicidal behavior: Links between alcohol use disorder and acute use of alcohol. *Alcohol Research,* 40(1), arcr.v40.1.02.

22 Borges, G., Cherpitel, C. J., Orozco, R., Ye, Y., Monteiro, M., Hao, W., & Benegal, V. (2017). A dose-response estimate for acute alcohol use and risk of suicide attempt. *Addiction Biology*, 22(6), 1554–1561.

23 Gauthier, J. M., Cole, A. B., & Bagge, C. L. (2019). A preliminary examination of the association between drinking as a typical coping strategy and level of acute alcohol consumption prior to a suicide attempt. *Psychiatry Research*, 282, 112626.

24 Randall, J. R., Walld, R., Finlayson, G., Sareen, J., Martens, P. J., & Bolton, J. M. (2014). Acute risk of suicide and suicide attempts associated with recent diagnosis of mental disorders: A population-based, propensity score-matched analysis. *Canadian Journal of Psychiatry,* 59(10), 531–538.

25 Veisani, Y., Mohamadian, F., & Delpisheh, A. (2017). Prevalence and comorbidity of common mental disorders and associations with suicidal ideation in the adult population. *Epidemiology and Health*, 39, e2017031.

26 Ahmedani, B. K., Peterson, E. L., Hu, Y., Rossom, R. C., Lynch, F., Lu, C. Y., Waitzfelder, B. E., Owen-Smith, A. A., Hubley, S., Prabhakar, D., Williams, L. K., Zeld, N., Mutter, E., Beck, A., Tolsma, D., & Simon, G. E. (2017). Major physical health conditions and risk of suicide. *American Journal of Preventive Medicine*, 53(3), 308–315.

27 Ahn, M. H., Park, S., Lee, H. B., Ramsey, C. M., Na, R., Kim, S. O., Kim, J. E., Yoon, S., & Hong, J. P. (2015). Suicide in cancer patients within the first year of diagnosis. *Psycho-Oncology*, 24(5), 601–607.

28 Saad, A. M., Gad, M. M., Al-Husseini, M. J., AlKhayat, M. A., Rachid, A., Alfaar, A. S., & Hamoda, H. M. (2019). Suicidal death within a year of a cancer diagnosis: A population-based study. *Cancer*, 125(6), 972–979.

29 Wang, B., An, X., Shi, X., & Zhang, J. A. (2017). Management of endocrine disease: Suicide risk in patients with diabetes: A systematic review and meta-analysis. *European Journal of Endocrinology*, 177(4), R169–R181.