Suicide Prevention

Risk and Protective Factors
Annual Research Report—2021

PURPOSE

This list includes the most common risk and protective factors associated with suicide-related behavior including suicide attempts, suicidal ideations, and/or deaths by suicide. Suicide-related behavior tends to be broadly defined to include suicidal ideations, and attempts, in research since death by suicide is a statistically rare event. Risk and protective factors identified below were selected because they are potentially modifiable or are factors that can be used to identify individuals at a heightened risk for suicidal behavior. Due to the likely significant overlap in factors between military and civilian populations, the following evidence comes from a combination of military and non-military studies.

RISK FACTORS

The Center for Disease Control and World Health Organization identified four domains associated with an *increased* **risk for suicidal behavior** [39, 40]**:**

Individual

Prior suicide attempt [7, 13, 15, 27, 23]

Mental and substance-use disorders [4, 5, 7, 15, 13, 15, 23, 24, 27]

Affective or mood disorders

Anxiety and/or PTSD

Depression

Schizophrenia and borderline personality disorder

Substance abuse

Social Isolation [26, 30, 31, 32, 33, 34]

Criminal or legal problems [62]

Financial Problems/ Job loss [63]

Relationship

Adverse childhood experiences [50]

Bullying

Abuse

Relationship problems [51, 52, 53]

Infidelity

Separation/ Divorce

History of physical or sexual abuse [10, 11, 23]

Increase Suicide Risk

Community

Barriers to health care [41, 42]

Cultural and religious beliefs such as a belief that suicide is noble resolution of a personal problem [48, 49]

Suicide cluster in the community or family [6, 17, 21, 23]

Increased proximity (e.g., knowing friends, family, and/or acquaintances who died by suicide)

Societal

Stigma associated with mental illness or help-seeking [59]

Easy access to lethal means among people at risk (e.g., firearms, medications) [14, 17, 23, 43]

Inappropriate media coverage [44, 45, 46, 47]

Showing or depicting details of suicide methods

Oversimplifying the factors surrounding the suicide

Overgeneralization of the factors surrounding suicide

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MARINE & Family

PROTECTIVE FACTORS

The following are factors that *reduce* the risk for suicide-related behavior:

Individual

Coping and problem solving skills [16, 18, 19, 20, 58]

Positive reinterpretation or reframing

Acceptance and positive coping

Greater emotional intelligence [8, 9, 25] & self-forgiveness [28]

Greater resilience and grit [1, 2, 29]

"The ability to persistently pursue goals even when faced with challenges and adversity"

Decreases relationship between hopelessness and suicidal ideation

Relationship

Greater social support [1, 3, 12, 22, 30, 31, 32, 33, 34]

Familial support

Religious affiliation

Unit cohesion

Strong personal relationships

Reduce Suicide Risk

Community

Available and effective behavioral health care [23, 26]

Community support/ Connectedness [36, 39, 40,]

Societal

Limited access to lethal means among people at risk [54, 55, 56, 57]

Responsible reporting of suicides and suicide-related events [61]

Avoiding explicit descriptions or pictures of the event

Avoiding sensationalism or normalizing language

Avoiding overgeneralization of suicide

Highlight successful coping and available resources

BROAD PREVENTION STRATEGIES

Primary prevention for suicide involves **building resilience** and **mitigating critical stressors** [1, 2, 23, 26] before they lead to suicide-related behavior. Although there are resources that focus on and suggest strategies to mitigate individual and relationship risk, community and social risk is often overlooked. The following are some suggestions for guarding against social and community risk factors for suicide:

Community
- Identify and promote easily accessible forms of healthcare (e.g., telehealth) to help those experiencing stressors especially given the impacts of COVID-19. [35-38, 41, 42]

Society
- Consider the language when talking about suicide or mental health. Decreasing stigma starts with successful communication. The Department of Defense Suicide Prevention Office (DSPO) has released guidelines to help guide communication about suicide and mental health safely. For example, avoid words like the following:
  - o **Committed Suicide – the term committed implies a criminal act rather than a Marine who was in crisis. Instead say "died by suicide."**
  - o **Mental Disease – the term strongly implies a severe dysfunction of the Marine rather than a current state of crisis that may be overcome with appropriate support. Instead, say "in crisis."**

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