

## Warning signs of suicide

Indicators and behaviours	Examples of verbal indicators	ED assessment prompts
A precipitating event.		Has there been a triggering event or an accumulation of negative events for the person?  E.g. physical illness, relationship breakdown, legal issues, job loss, family conflict, peer conflict (adolescents).
Preparatory acts: seeking access to pills, weapons.		Has the person looking for ways to kill themselves and preparing?  Do they have access to means?
Social withdrawal from family and friends/activities.  Lack of future plans.	"I don't want to go out".  "I want to be on my own".	Has there been a deterioration in their occupational or social functioning?  Quit work, isolating self from friends/family?
Expressing suicidal intent.	Speech actions that suggest suicide.  Active statement "I'm going to kill myself."  Passive statement "I wish I could go to sleep and not wake up".	Both statements should be taken seriously.  Communication of intent, commonly precede suicide events.
Congruent/incongruent mismatch.	"I'm fine."	What they are saying is not reflected in their affect. E.g. saying they are fine, but their behaviours or affect don't match this. Trust your gut feelings.
Drop in mood which is persistent.	"I feel sad/depressed all the time".  "I feel nothing".	How do they describe their mood?  E.g. down, depressed, sad, angry, irritable.  Are they crying all the time?  How do they appear? E.g. downcast, depressed, anxious, tearful, distressed?  Mood disorders are a common risk factor for suicide.

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Disinterest in personal hygiene or appearance.	Expressing helplessness. “Nothing I can do makes any difference, it’s beyond my control and no one can help me”.	Appearance: What does the patient look like?  Are they dishevelled or unkempt? Is clothing clean and appropriate?
Uncharacteristically reckless and impulsive behaviours.		Do others report a change in their usual behaviour?  Have they been more impulsive, reckless, and engaging in risky activities?
Sudden changes in diet and eating habits.	“I don’t feel hungry”.  “Nothing tastes good”.	Has the patient experienced any rapid weight changes?
Insomnia.	“I can’t sleep, I just lay awake most of the night”.	Has there been a change in their sleeping pattern?
Self-harm.		Are there visible injuries? Have they harmed themselves?  <b>One of the strongest predictors of death by suicide is prior attempts and self-injurious behaviour.</b>
Irritability, mood swings, emotional outbursts – severe anxiety or extreme agitation.		Has there been changes in their mood? Is their mood angry/irritable/agitated?  <b>Severe anxiety and/or extreme agitation has been found to be a common factor precipitating inpatient suicides (Bush, Fawcett, and Jacobs; 2003 cited in Rudd et al 2006).</b>  Consider the effect of waiting times. Frustration and anger due to lengthy wait times may increase risk.  It is important to provide updates, check on patient regularly, ensure they have access to water/toilet, support person, offer tea/coffee/blanket - small gestures can make a difference.

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Believing that they are a burden to others.	“They’d be better off without me”.	Are they expressing thoughts that they are a burden to others, no one would notice if they were gone and that others would be better off if they were not around?
Giving away sentimental or expensive possessions.		Are they talking about their death and expressing a desire to die?  Are they giving things away and putting their affairs in order?
Expressing feelings of hopelessness; worthlessness and/loneliness.	“I’m on my own, no one cares about me”.  “What is the point? Things are never going to get better”.  “No one would notice if I was gone”.	Is the patient expressing feelings of rejection, hopelessness, loneliness and/or worthlessness?  <b>A prominent risk factor for suicide is hopelessness.</b>
Feeling stuck/feeling trapped.	“It’s beyond my control and no one can help me”.  “There is no other way out”.	Is the patient talking about there being no alternatives and that they don’t want to exist?  <b>Entrapment/feeling trapped drives the emergence of suicidal ideation and intent.</b>

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