



# 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. Common 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 enjoyed
- sudden refraining from activities with family and friends
- sudden unexplained recovery from depression, sudden positive outlook- like the person is 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 hurting yourself (committing suicide)?
- How long have you been thinking about suicide (frequency, intensity, duration)?
- Do you have a plan? Get 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 beliefs, children left behind, pets, etc.)?
- Depending on the responses:
  - Set up a suicide contract
  - Provide the client with emergency/crisis numbers
  - Explore what resources are available, e.g. family support, friends, etc.
  - Develop a plan to deal with potential weapons, medications, drugs, etc
  - Increase frequency of counseling sessions, possible phone check-ins
  - Assess the need for getting the client assessed for medications
  - Assess the need to contact the “crisis team” if available at your agency
  - 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](http://www.counseling.org)