Suicide Wayfinder Supplemental Guide

STATEMENT

The person makes a direct or indirect suicide statement, indicating possible intent or preoccupation with self-harm or death. Direct statements explicitly express suicidal thoughts (e.g., "I want to die"). Indirect statements imply intent through more ambiguous language (e.g., "Everyone would be better off without me" or "I can't do this anymore"). Both forms signal emotional distress and should be taken seriously as potential indicators of imminent risk that warrant immediate assessment and intervention.

Sample Questions to Determine Pathway:

- Sometimes when people feel overwhelmed, they express thoughts like *"I can't do this anymore."* Have you had any moments like that recently?
- Have you ever said something to others that might have sounded like you wanted to give up or not be here?
- When you've made statements about feeling done or wanting to disappear, what was going through your mind at the time?
- How have others responded when you've shared those feelings? Did anyone take action or reach out?
- Have those thoughts or statements been happening more often or felt stronger recently?

Pathway 1	Pathway 2	Pathway 3
• Thoughts of not wanting to be around • Shares desire to disappear • Others worry about them	• Has expressed a desire to die • Supports offer little hope • Suicidal statements heard by many	• Frequent suicidal statements • Feels overwhelmingly trapped • Access to lethal means; has detailed plan

Examples:

- **Pathway 1**: Occasionally says things like "I'm tired of this" but denies suicidal intent; expresses frustration, but has no plan or preparation.
- **Pathway 2:** Frequently makes statements such as "Everyone would be better off without me"; admits to thinking about suicide without a plan or clear intent.
- **Pathway 3:** Openly expresses suicidal thoughts with a specific plan or means identified (e.g., "I have the pills and know when I'll take them").

What the Research Says:

Making direct ("I want to die") or indirect ("Everyone would be better off without me") suicide statements is a well-established risk factor for imminent suicidal behavior. Such verbalizations reflect underlying intent, emotional distress, and cognitive preoccupation with death, even when phrased ambiguously. Research shows that expressed suicidal ideation significantly increases the likelihood of future attempts and death, highlighting the importance of immediate assessment and intervention.

Favril, L., et al. "Risk factors for suicide in adults: systematic review and meta-analysis." Psychological Medicine (2022).

Ribeiro, J. D., et al. (2016). *Self-injurious thoughts and behaviors as risk factors for future suicide ideation, attempts, and death: A meta-analysis of longitudinal studies. Psychological Medicine, 46*(2), 225–236.

Teismann, T., et al. (2024). *Self-burdensomeness, self-esteem, and suicidal ideation. Cognitive Therapy and Research, 48*(3), 613–625.

SELF-INJURY

This is described as the deliberate, self-inflicted damage to one's body tissue without suicidal intent (non-suicidal self-injury, NSSI), often to manage intense emotions or psychological pain. This behavior commonly includes cutting, burning, scratching, or skin picking. However, suicidal self-injury (SSI) involves similar behaviors performed with the intent to end one's life, and distinguishing between the two is crucial, though either can increase vulnerability to later suicidal behavior.

Sample Questions to Determine Pathway:

- Some people cope with distress by hurting themselves physically. Has that ever been part of your experience?
- What kinds of situations or emotions tend to come before you feel the urge to self-injure?
- When you've hurt yourself, were you hoping to die, or was it more about trying to feel relief or regain control?
- How have others responded when they learned about your self-harm (friends, family, clinicians)?
- Have you noticed that your urges or behaviors are getting more frequent, severe, or more difficult to manage?

Pathway 1	Pathway 2	Pathway 3
• Occasional thoughts of self-injury, sadness, pain • History of non-suicidal self-injury (NSSI) • Feeling overwhelmed, trauma history, stuck	• Frequent desire to self-injure (daily) to cope • Current NSSI (weekly), injury witnessed by others • Thoughts of suicidal self-injury (SSI); trauma/loss	• History of SSI and NSSI w/daily thoughts and NSSI • Inability to agree not to cut; suicidal thoughts • Lack of options, increased desperation; suicidal thoughts

Examples:

- **Pathway 1**: Tried minor self-harm in the distant past (e.g., scratching, cutting once) but no ongoing behavior or intent to die.
- **Pathway 2:** Engages in self-injury occasionally for emotional release; some difficulty stopping; denies intent to die, but increasing frequency.
- **Pathway 3:** Ongoing, repetitive self-harm with suicidal intent or severe physical injury (e.g., deep cuts, burns); expresses inability to stop or desire to die.

What the Research Says:

Non-suicidal self-injury (NSSI) and suicidal self-injury (SSI) both predict future suicidal behavior, with NSSI often serving as a behavioral rehearsal that lowers fear of pain and death. Longitudinal research confirms that frequent self-injury, even without suicidal intent, increases risk for later attempts, particularly when paired with emotional dysregulation or trauma history.

Burke, T. A., et al. (2018). Modeling individual differences in the frequency of non-suicidal self-injury: A longitudinal approach. Psychological Medicine, 48(14), 2389–2398.

Hamza, C. A., Stewart, S. L., & Willoughby, T. (2019). Examining the link between nonsuicidal self-injury and suicidal behavior: A longitudinal analysis among emerging adults. Journal of Abnormal Psychology, 128(6), 556–567.

Whitlock, J., et al. (2018). Nonsuicidal self-injury in adolescence and young adulthood. Journal of the American Academy of Child & Adolescent Psychiatry, 57(11), 800–808.

Loss or Bereavement

This category identifies individuals who have recently experienced a significant loss. This could be the death of a loved one, a meaningful relationship that ended, a parental divorce, or a disappointment related to a major or course of study. The nature of the loss here is secondary to the impact on their life. Similarly, there is no specific timeframe for recency here; instead, it looks to measure the effect of the pain. In extreme reactions to loss or bereavement, they become unable to function and may even contemplate suicide to escape from their pain.

Sample Questions to Determine Pathway:

- Have you experienced any major losses lately? Someone close to you, a relationship, or something important in your life?
- How has that loss affected your daily life or motivation to keep going?
- Do you think a lot about wanting to be with the person you lost or escape the pain?
- What kinds of supports have been most or least helpful as you've coped with this loss?
- Has your grief ever felt so overwhelming that you thought about ending your life?

Pathway 1	Pathway 2	Pathway 3
• Lost an important relationship (breakup, death) • Sadness, worry, and difficulty focusing on other tasks • Difficulty moving on; questions past actions	• Escalating grief and sadness; difficulty "letting go" • In grief, constant tearfulness, inability to function • In breakup, attempts to push boundaries with ex	• Inability to function or care for themself • Despair, escalating behaviors, suicidal ideas • Desire to escape from pain and change circumstances

Examples:

- **Pathway 1**: Experienced a loss recently but is adjusting with expected sadness and use of social supports.
- **Pathway 2:** A significant grief reaction is impacting their daily functioning (e.g., withdrawal, loss of motivation).
- **Pathway 3:** Intense, prolonged grief with active suicidal ideation related to the loss ("I want to be with them"); unable to find meaning or function.

What the Research Says:

Loss, whether through death, relationship dissolution, or identity disruption, is a major catalyst for suicidal ideation, particularly when accompanied by feelings of guilt or abandonment. Individuals bereaved by suicide or sudden death show especially high risk for suicidal thoughts and behaviors. People bereaved by suicide were at significantly increased risk of attempting suicide themselves, especially in the first two years post-loss. Early outreach and structured postvention support significantly reduce prolonged grief and suicide contagion.

Keyes, K. M., Pratt, C., Galea, S., McLaughlin, K. A., & Koenen, K. C. (2014). The burden of loss: Unexpected death of a loved one and psychiatric disorders across the life course in a national study. American Journal of Psychiatry, 171(8), 864–871.

Spillane, A., Larkin, C., Corcoran, P., & Arensman, E. (2021). Bereavement by suicide as a risk factor for suicide attempt: A longitudinal national study. Psychological Medicine, 51(9), 1532–1539. Using a national registry, this longitudinal study found that

TREATMENT

Outpatient and inpatient psychiatric treatment are important indicators of prior or ongoing mental health concerns and potential risk. Outpatient treatment involves regular therapy, counseling, or medication management while the individual continues daily activities, suggesting ongoing mental health support needs. Inpatient psychiatric treatment, by contrast, indicates a higher level of acuity requiring hospitalization for stabilization or safety; a history of such care may signal elevated baseline risk or recurring crises that warrant closer monitoring and support.

Sample Questions to Determine Pathway:

- Have you ever worked with a therapist, psychiatrist, or counselor in the past?
- What was helpful (or not helpful) about that experience?
- Have you ever been hospitalized or gone to the ER for emotional or mental health reasons?
- How connected do you feel to your current mental health providers or supports?
- Since leaving treatment, have you noticed any warning signs or times when things started to feel worse again?

Pathway 1	Pathway 2	Pathway 3
• Previous care, but no current • No previous inpatient care • Considering therapy	• Current weekly therapy/meds • Needs care; barriers to access • Inpatient stay >1 year ago	• Infrequently takes medication • Intensive therapy • Inpatient stay/screening <1 yr

Examples:

- **Pathway 1**: Participates consistently in outpatient therapy; symptoms stable.
- **Pathway 2:** Recently stopped therapy or inconsistent engagement; experiences occasional symptom flare-ups.
- **Pathway 3:** Recent hospitalization or crisis episode; not connected to care and showing active risk or relapse.

What the Research Says:

Recent or ongoing psychiatric treatment, particularly inpatient hospitalization, indicates elevated baseline suicide risk. Suicide risk peaks within the first three months after hospital discharge, making continuity of outpatient care and early follow-up critical. Patients engaged in consistent outpatient therapy and medication management demonstrate lower reattempt and mortality rates.

Che, S. E., et al. (2023). *Follow-up timing after discharge and suicide risk among patients with psychiatric illness. JAMA Network Open, 6*(9), e2335072.

Chung, D. T., et al. (2017). *Suicide rates after discharge from psychiatric facilities: A meta-analysis. JAMA Psychiatry, 74*(7), 694–702.

Olfson, M., et al. "Short-term Suicide Risk After Psychiatric Hospital Discharge." *JAMA Psychiatry*, 2016.

Ross, E. L., et al. (2024). *Estimated average treatment effect of psychiatric hospitalization on subsequent suicide risk. JAMA Psychiatry, 81*(2), 173–182.

Walby, F. A., et al. (2018). *Contact with mental health services prior to suicide: A systematic review and meta-analysis. Psychiatric Services, 69*(7), 751–759.

SELF-CONCEPT

Self-concept refers to how individuals perceive and evaluate themselves, including their sense of worth, competence, and identity. Feelings of inadequacy, guilt, or self-hatred mark a negative or unstable self-concept. This can increase vulnerability to depression, self-injury, or suicidal thoughts. Conversely, a positive and stable self-concept serves as a protective factor, fostering resilience and healthier coping when faced with stress or adversity.

Sample Questions to Determine Pathway:

- How would you describe yourself to someone who doesn't know you very well?
- Are there parts of yourself you feel proud of, or parts you struggle to accept?
- When you make a mistake or disappoint yourself, what kinds of things do you say to yourself internally?
- Do you ever feel like you're a burden to others or don't deserve good things?
- How does your sense of self-worth change when you're under stress or feel rejected?

Pathway 1	Pathway 2	Pathway 3
• Views self negatively, feels like an outsider • Unhappy w/looks; few friends • Talks about sadness, posts online	• Rejects positive feedback • Teased, lacks friends, isolated, alone • Avoids talk of looks, weight, and poverty	• Extremely low view of self, worthless • Dangerous/impulsive outbursts • Outsider status; suicidal

Examples:

- **Pathway 1**: Generally positive self-view with mild self-criticism.
- **Pathway 2:** Persistent negative self-talk ("I'm a failure") and difficulty accepting praise; occasional feelings of being a burden.
- **Pathway 3:** Deep self-hatred, guilt, or shame; verbalizes being worthless or deserving to die.

What the Research Says:

Low self-esteem and negative self-concept are strongly linked to suicidal ideation and behavior, often mediating the relationship between depression and suicide risk. Individuals with chronic self-criticism, guilt, or self-hatred experience greater hopelessness and impaired problem-solving, while positive self-concept functions as a protective buffer (Buecker et al., 2024; Yoo et al., 2015).

Buecker, S., et al. "Self-Esteem and Suicidal Thoughts and Behaviors: A Meta-Analysis." *Clinical Psychological Science*(2024).

Yoo, T., et al. "Relationship between Suicidality and Low Self-esteem in a General Psychiatric Population." *Clinical Psychopharmacology and Neuroscience*, 2015.

ADJUSTING TO CHANGE

Taking steps to adjust to change may be increasingly difficult. New living environments, classrooms, or unexpected alterations in plans can evoke feelings of sadness, leading to escalating isolation and low energy. Returning to a previous location (like home) is the only thing that offers comfort, and being away increasingly leads to panic attacks, extreme thoughts, poor school performance, and even consideration of suicide.

Sample Questions to Determine Pathway:

- Have there been any significant changes recently, like moving, switching schools, ending a relationship, or losing a job?
- How have you been adjusting to those changes emotionally or socially?
- When you think about the future, what feels uncertain or most stressful right now?
- What's been helping you (or not helping) with these transitions?
- Have these changes ever made you feel trapped or think about not wanting to continue?

Pathway 1	Pathway 2	Pathway 3
• Concern about family/school changes • Sad about moving, family, or school changes • Lack of engagement with activities/friends	• Increasing sadness, escalating isolation, and tearfulness • Constant focus on how things used to be • Difficulty focusing on work, school; low energy	• Unbearable anxiety about changes • Conditional ultimatums and potential suicidal thoughts • Extreme isolation, poor focus and performance in class/work

Examples:

- **Pathway 1**: Experiences typical stress adapting to transitions; maintains coping and daily routine.
- **Pathway 2:** Struggles to adapt to major changes (e.g., new environment, breakup); some isolation or emotional dysregulation.
- **Pathway 3:** Feels trapped or overwhelmed by change; expresses hopelessness or suicidal thoughts tied to adjustment difficulties.

What the Research Says:

Difficulty adapting to transitions, such as relocation, college entry, or family disruption, can exacerbate depression, anxiety, and suicidal ideation. Poor adjustment often reflects disrupted belonging and loss of control, particularly in young adults during identity-forming years. Major life transitions, such as moving away from home, starting college, or social disconnection, can overwhelm coping mechanisms and increase risk for anxiety, depression, and suicidal ideation.

Arnett, J. J., et al. (2020). Emerging ad*ulthood and mental health. The Lancet Psychiatry, 7*(4), 377–385.

Gibbs, T., & Eckersley, R. (2019). Reimagining youth mental health: Transitions, belonging, and identity. Frontiers in Psychology, 10, 1236.

Morrissette, P. J. (2021). Adjustment difficulties, identity stress, and suicidal ideation among university students during transitions. Journal of College Student Psychotherapy, 35(3), 233–250.

Zhou, Y., et al. (2020). Transition stress, school belonging, and suicidal ideation among college freshmen. Frontiers in Psychology, 11, 592664.

HOPELESSNESS

This describes a sense of worry and uncertainty about the future, along with difficulty focusing and pervasive feelings of sadness. As hopelessness increases, they feel trapped and eventually are unable to function and/or experience growing suicidal thoughts.

Sample Questions to Determine Pathway:

- When you think about the future, what words come to mind: hopeful, uncertain, stuck?
- Do you ever feel like nothing you do will make a difference or that things won't get better?
- How strong are those feelings on most days, occasional, frequent, or nearly constant?
- What are the things that keep you going, even when life feels hard?
- Have you ever had moments where the hopelessness felt so strong that suicide seemed like the only way out?

Pathway 1	Pathway 2	Pathway 3
• Feeling sad and lonely • Unsure and worried about the future • Difficulty focusing on daily tasks	• Often feels isolated, alone, trapped • Difficulty seeing any way out • Intrusive thoughts of negative future	• Intolerable hopelessness • Failing work, school, finances, and dating • Considers suicide; unbearable pain

Examples:

- **Pathway 1**: Occasional pessimism or doubt, but still sees possible improvement.
- **Pathway 2:** Ongoing sense of hopelessness; doubts things will get better.
- **Pathway 3:** Complete loss of belief in any positive outcome; sees suicide as the only solution.

What the Research Says:

Hopelessness consistently emerges as a central psychological driver of suicidal intent, often bridging depression and suicidal action. Individuals who perceive no path forward exhibit higher ideation, more lethal attempts, and greater reattempt rates. Bryan et al. (2016) found that hopelessness independently predicts future suicidal ideation and attempts over time, even after controlling for depression and past self-harm.

Bryan, C. J., Rudd, M. D., Wertenberger, E., Young-McCaughan, S., & Peterson, A. L. (2016). Nonsuicidal self-injury and hopelessness as longitudinal predictors of suicidal ideation and attempts in military personnel. Journal of Affective Disorders, 197, 212–218.

Chang, E.C., et al. (2017). Hopelessness and suicide risk in college students. Cognitive Therapy and Research, 41(1), 87–97.

Klonsky, E. D., Qiu, T., & Saffer, B. Y. (2017). Recent advances in differentiating suicide attempters from suicide ideators: A critical review of the literature and directions for future research. Comprehensive Psychiatry, 73, 1–11.

Szanto, K., et al. (2020). Hopelessness, impulsivity, and cognitive control: A neurobehavioral model of late-life suicide risk. Translational Psychiatry, 10(1), 112.

IMPULSIVITY

When moving from idea to action, this individual progresses quickly without considering the impact of their actions. They increasingly ignore those in positions of authority or established limits. In the more extreme escalation, they act despite a risk to their life.

Sample Questions to Determine Pathway:

- When you get upset, how easy or difficult is it to pause before reacting?
- Can you think of times when you acted on a feeling or urge quickly and later regretted it?
- What helps you slow down or regain control when emotions run high?
- Have you ever done something dangerous or risky during a moment of intense emotion?
- When feeling hopeless or angry, have you ever made sudden plans or decisions related to harming yourself?

Pathway 1	Pathway 2	Pathway 3
• Unplanned, emotional actions • Poor planning, reactive in situations • Unwilling to change approach	• Trouble focusing • Conflicts over no forethought • Impulsive actions worsen work or school	• Faces discipline actions • Impulsive, dangerous/criminal behaviors • Menacing and threatening acts

Examples:

- **Pathway 1**: Makes occasional impulsive remarks or decisions but is generally self-controlled.
- **Pathway 2:** Acts without thinking under stress; minor risky behaviors (drinking, reckless spending).
- **Pathway 3:** Engages in dangerous impulsive acts (e.g., self-harm, suicide attempts) with little forethought or control.

What the Research Says:

Impulsivity increases vulnerability to suicidal behavior by accelerating the progression from ideation to action. High impulsivity, particularly under emotional distress (negative urgency), amplifies suicide risk when combined with agitation, substance use, or hopelessness. Impulsive traits heighten suicide risk by facilitating the transition from ideation to attempt when distress is high.

Anestis, M. D., Soberay, K. A., Gutierrez, P. M., Hernández, T. D., & Joiner, T. E. (2016). Reconsidering the role of impulsivity in suicidal behavior. Personality and Social Psychology Review, 18(4), 366–386.

Gvion, Y., & Levi-Belz, Y. (2018). Impulsivity, aggression, and suicide behavior: A systematic review. Frontiers in Psychiatry, 9, 613.

Liu, R. T., et al. (2017). A meta-analysis of impulsivity and suicidal behavior. Psychological Bulletin, 143(11), 1081–1116.

May, A. M., et al. (2021). Impulsivity and the transition from suicidal ideation to action. Clinical Psychology Review, 83, 101954.

BULLIED/TEASED

At the early stages, teasing and bullying are occasional experiences that impact their self-worth and social connections with others. As teasing increases, their world becomes increasingly unsafe and damaging, leading to feelings of hopelessness, despair, being trapped, and eventually feelings of suicide or a desire to send a message to the oppressors through violent action.

Sample Questions to Determine Pathway:

- Have you ever felt targeted, bullied, or left out by peers or coworkers?
- How has that experience affected how you see yourself or your relationships with others?
- Have you noticed changes in your mood or behavior since these experiences began?
- Do you ever feel unsafe or think about hurting yourself (or others) in response to being bullied?
- What supports, friends, family, and staff have helped you cope when others mistreat you?

Pathway 1	Pathway 2	Pathway 3
• Feeling picked on and teased by others • Teasing impacts self-worth • General feelings of sadness and fear	• Teasing/bullying impacts life • Feels fear, low self-worth, hopeless • Avoids others; acts out negatively	• Daily, intense teasing/bullying • Impacts work, school, family, friends • Suicidal/need to take extreme action

Examples:

- **Pathway 1**: Some past teasing but well supported and resilient.
- **Pathway 2:** Ongoing bullying affects their mood, self-esteem, and attendance.
- **Pathway 3:** Experiences severe or chronic bullying; expresses revenge fantasies or suicidal ideation tied to victimization.

What the Research Says:

Peer victimization, including both in-person and cyberbullying, is a potent predictor of suicidal ideation and self-harm, especially in adolescents. Victims experience increased hopelessness, isolation, and low self-worth; however, strong social connectedness and supportive school climates mitigate these effects. Both bullying victims and perpetrators are at significantly increased risk for suicidal ideation and attempts, with victims showing roughly double the risk of non-victims.

Espelage, D. L., et al. (2018). Peer victimization and suicidal ideation in adolescence. Journal of Clinical Child & Adolescent Psychology, 47(5), 713–723.

Holt, M. K., Vivolo-Kantor, A. M., Polanin, J. R., Holland, K. M., DeGue, S., Matjasko, J. L., Wolfe, M., & Reid, G. (2015). Bullying and suicidal ideation and behaviors: A meta-analysis. Pediatrics, 135(2), e496–e509.

Kowalski, R. M., Giumetti, G. W., Schroeder, A. N., & Lattanner, M. R. (2019). Bullying in the digital age: A critical review and meta-analysis of cyberbullying research among youth. Psychological Bulletin, 145(4), 347–383.

DEPRESSION

Depression can manifest in the way we feel about our lives and through our behaviors, such as not wanting to eat, overeating, having trouble sleeping, or sleeping too much. Depression may involve feelings of hopelessness that range from vague thoughts all the way to intense and overwhelming panic. A person with depression may withdraw from social interactions, isolate themselves, or lack the energy to take care of their hygiene, day-to-day responsibilities, living arrangements, relationships, or finances.

Sample Questions to Determine Pathway:

- How has your mood been lately? Do you feel mostly down, numb, or low-energy?
- Are there activities or people that used to bring joy but now don't feel the same?
- How have your sleep, appetite, or energy levels changed over the past few weeks?
- When you feel this way, what kinds of thoughts about yourself or your life come up?
- Have you ever thought that things would be easier if you weren't alive or felt tempted to act on those thoughts?

Pathway 1	Pathway 2	Pathway 3
• Occasional trouble eating, sleeping, and lack of energy • Sadness that doesn't go away, trouble focusing • Upset about loss or breakup; chronic sadness	• Frequent trouble with sleep, appetite, focus, energy • Further withdrawal, isolation, hopelessness • Growing feelings of despair and pain; suicidal thoughts	• Not able to care for self • Not eating, sleep extremes • Chronic hopelessness, lacking energy, and desperation • Desire to escape; can't act • Thoughts of suicide

Examples:

- **Pathway 1**: Mild sadness or fatigue; still able to function and find enjoyment.
- **Pathway 2:** Persistent depressed mood, loss of interest, and difficulty concentrating; intermittent suicidal thoughts.
- **Pathway 3:** Severe depression with anhedonia, self-loathing, and daily suicidal ideation.

What the Research Says:

Depression remains the most consistent psychiatric predictor of suicide, linked to cognitive rigidity, hopelessness, and diminished coping capacity. Depressive symptoms, particularly anhedonia, guilt, and worthlessness, heighten risk across all age groups. Depressive symptoms predicted suicidal ideation most strongly when accompanied by hopelessness and low emotional regulation.

Chang, E. C., Chang, O. D., Yu, E. A., et al. (2017).Depressive symptoms and suicidal risk in college students: Examining cognitive and emotional factors. Cognitive Therapy and Research, 41(1), 87–97.

Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., Musacchio, K. M., Jaroszewski, A. C., Chang, B. P., & Nock, M. K. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. Psychological Bulletin, 143(2), 187–232.

Park, S., et al. (2022). The role of depressive symptoms in mediating the relationship between stress and suicidal ideation among college students. Frontiers in Psychiatry, 13, 814235.

Turecki, G., & Brent, D. A. (2016). Suicide and suicidal behaviour. The Lancet, 387(10024), 1227–1239.

SUBSTANCE USE/ABUSE

This factor looks broadly at any potential substance use or abuse. The level of concern will increase if the substance in question is beyond alcohol or THC. Similarly, regular use or use that has resulted in disciplinary action or law enforcement involvement would also increase the level of concern. While both alcohol and THC can be recreational and stress-relieving activities that may not be cause for concern, underage use or use at higher levels that impacts a person's education, or the inability to cut back or reduce use, are all causes for concern.

Sample Questions to Determine Pathway:

- What role do alcohol, cannabis, or other substances play in helping you manage stress?
- Have there been times when your use led to blackouts, fights, or other negative outcomes?
- When you feel depressed, angry, or anxious, how likely are you to reach for substances?
- Have you ever used while thinking about self-harm or trying to escape emotional pain?
- What happens when you try to cut back or stop? Do your emotions or thoughts about death change?

Pathway 1	Pathway 2	Pathway 3
• Experimental use at pressure from friends • Concern of negative impact, but continues to use • Friends, family, and others express concern and worry	• Frequent use despite negative potential impact • "Close calls" with conduct or police, continued use • Growing difficulty with work, class, friends, family	• Trouble functioning without substance • Multiple legal, conduct, police involvement • Extreme concern by others, inability to stop

Examples:

- **Pathway 1**: Occasional social use with no negative consequences.
- **(Pathway 2):** Regular or binge use causing conflict or impairment; uses substances to cope with distress.
- **(Pathway 3):** Daily use or intoxication tied to self-harm or suicidal behavior; loss of control and denial of impact.

What the Research Says:

Substance misuse significantly increases suicide risk through its effects on impulsivity, emotional dysregulation, and impaired judgment. Both chronic and acute intoxication amplify risk for attempts and deaths, especially when comorbid with depression or trauma. Others have found significant associations between cannabis use and suicidal ideation and attempts, particularly in adolescents and young adults.

Borges, G., Bagge, C. L., & Orozco, R. (2016).A literature review and meta-analyses of cannabis use and suicidality. Journal of Affective Disorders, 195, 63–74.

Braitman, A. L., Henson, J. M., & Carey, K. B. (2018). Substance use, mental health symptoms, and suicide ideation among college students. Journal of American College Health, 66(7), 523–531.

Chung, D. T., et al. (2019). The association between substance use disorders and suicide: A meta-analysis. Drug and Alcohol Dependence, 199, 12–19.

Wilcox, H. C., et al. (2019). Association of alcohol and drug use disorders and completed suicide. Psychiatric Services, 70(10), 940–946.

LETHALITY ACCESS

Access to lethal means is a critical suicide risk factor referring to an individual's ability to obtain or use methods capable of causing death, such as firearms, medications, or sharp objects. When lethal means are readily available, the likelihood of a suicide attempt becoming fatal increases significantly. Limiting or securing access to these means is one of the most effective strategies for reducing suicide risk and preventing impulsive, lethal actions during moments of crisis.

Sample Questions to Determine Pathway:

- If you ever felt like ending your life, do you have access to anything that could be used to do so (medications, firearms, etc.)?
- Have you thought about specific methods or made plans about how you might harm yourself?
- Are there lethal items in your home that could be made less accessible or stored safely?
- Who could help you secure or remove those items if needed?
- When you think about safety planning, what steps would make you feel more protected from acting impulsively?

Pathway 1	Pathway 2	Pathway 3
• Limited access to potentially fatal medications • Has little or difficult access to firearms • Little knowledge of other lethal means	• Prescribed medications that could be used for suicide • Can obtain a firearm from friends/family/store • Some familiarity with other lethal means	• Stockpiles medications for lethality • Has easy access to firearms at work or home • Has researched other lethal means

Examples:

- **Pathway 1**: No access to lethal methods or means secured.
- **Pathway 2:** Some access (e.g., medications, sharp objects) but no plan; open to safety planning.
- **Pathway 3:** Immediate access to lethal means (e.g., firearm, pills, rope) and unwilling to restrict access.

What the Research Says:

Easy access to lethal means, especially firearms, medications, and toxic agents, greatly increases the likelihood of a fatal suicide attempt. Limiting or delaying access through safe storage, policy interventions, and counseling reduces suicide deaths across populations.

Anglemyer, A., et al. (2016). The accessibility of firearms and risk for suicide: A meta-analysis. Annals of Internal Medicine, 162(7), 398–410.

Barber, C. W., & Miller, M. J. (2018). Reducing a suicidal person's access to lethal means. American Journal of Preventive Medicine, 54(4), 504–507.

Mann, J. J., et al. (2021). Improving suicide prevention through evidence-based strategies. Nature Reviews Disease Primers, 7(1), 46.

ISOLATION

Refers to isolation and the inability to form social connections, despite the desire and attempts. This escalates to feelings of hopelessness, irritability, and anger at being separated from what seems to come so easily for others. The outsider status and extreme isolation coincide with teasing and thoughts of suicide or extreme action.

Sample Questions to Determine Pathway:

- How connected do you feel to friends, family, or community right now?
- Are there people you can call or text when you're feeling low?
- Have you been spending more time alone lately by choice or because of circumstances?
- When you are isolated, what kinds of thoughts tend to come up?
- What kinds of connections or activities have helped you feel less alone in the past?

Pathway 1	Pathway 2	Pathway 3
• Difficulty making friends • Lacks peer support; sadness • Desire for change but little progress	• Failed attempts at connection • Irritability/explosiveness when upset • Concern they will never fit in	• Extreme isolation; teased or bullied • Outsider; no hope of fitting in • Considering suicide or revenge

Examples:

- **Pathway 1**: Maintains some social connections, occasional loneliness.
- **Pathway 2:** Increasing withdrawal, reduced contact with others, limited support network.
- **Pathway 3:** Complete social isolation; no perceived support or belonging; expresses feeling invisible or abandoned.

What the Research Says:

Social isolation and loneliness independently predict suicidal ideation and behavior, even when accounting for depression. Recent global studies confirm that both subjective loneliness and living alone markedly increase suicide risk across all age groups. Loneliness is not only linked to depression and anxiety but also significantly predicts suicidal ideation and self-harm across demographic groups. Social isolation and perceived loneliness robustly predict suicidal ideation and attempts, independent of depression or other psychiatric disorders.

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EATING/SLEEPING

The person may experience a loss of appetite due to sadness or exhibit increased eating as a form of emotional coping. As eating problems increase, they may begin to lose or gain weight or have increasing health concerns. Others may express concern about their eating behaviors. Good sleep habits can be challenging to maintain due to early waking, difficulty falling asleep, or excessive sleeping as a coping mechanism or to avoid others. They feel tired, overwhelmed, and exhausted, which makes it hard for them to focus on school or friendships. They may experience intense nightmares or wakefulness. They can think of little else as sleep and/or eating troubles increase. Problems continue with increased isolation, and they are unable to function at school, work, or with friends.

Sample Questions to Determine Pathway:

- How have your eating habits been lately? Are you eating more, less, or about the same?
- Have changes in appetite been linked to your mood, stress, or energy levels?
- How has your sleep been? Have you been having trouble falling asleep, staying asleep, or sleeping too much?
- When your sleep or eating gets off track, how does it affect your emotions or outlook?
- Have these patterns ever coincided with stronger suicidal thoughts or urges?

Pathway 1	Pathway 2	Pathway 3
• Appetite loss due to sadness • Unable to focus on tasks, school, or work due to sleep • Unstable, emotional eating habits	• Low appetite, not eating enough, weight loss • Intense nightmares, insomnia, wakefulness • Low-calorie intake, or purging	• Unable to function at work, school, or with friends • Medical starvation risk • Sleeping constantly or unable to sleep

Examples:

- **Pathway 1**: Minor appetite or sleep disruptions related to stress.
- **Pathway 2:** Persistent oversleeping/undereating or insomnia with fatigue and low mood.
- **Pathway 3:** Extreme loss of appetite or insomnia; physical decline; suicidal ideation connected to exhaustion or self-neglect.

What the Research Says:

Disturbances in eating (overeating, undereating) and sleeping (insomnia, hypersomnia) are strong proximal markers of suicide risk. Sleep disturbance predicts next-day suicidal ideation, while disordered eating, particularly in those with anorexia or bulimia, substantially increases risk of attempts and death. Sleep disturbances significantly increase risk for suicidal ideation and suicide attempts.

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PREVIOUS ATTEMPTS

A history of previous suicide attempts is one of the strongest predictors of future suicide risk, regardless of the method or apparent lethality. Highly lethal attempts (e.g., use of firearms, hanging, or significant overdose) suggest a greater degree of intent and capability, requiring vigilant follow-up and safety planning. However, even lower-risk or transient attempts (such as superficial cutting, minor overdoses, or aborted attempts) should be taken seriously, as they reflect underlying distress, a willingness to act on suicidal thoughts, and an increased likelihood of future, potentially more lethal behavior.

Sample Questions to Determine Pathway:

- Have you ever tried to end your life or seriously thought about it?
- What was happening in your life leading up to that time?
- What helped you survive or decide to keep living after that attempt?
- Since then, have similar thoughts or crises come up again?
- What would you want others to know or do differently if you ever felt that way again?

Pathway 1	Pathway 2	Pathway 3
• Thoughts without acting • Hinted about considering an attempt • Non-lethal attempts/gestures	• Detailed planning, almost carried out • Access to means for attempt • Others concerned about risk	• Multiple previous attempts • Attempts with potential death • High likelihood of continued attempts

Examples:

- **Pathway 1**: One low-lethality attempt several years ago; no current ideation.
- **Pathway 2:** One or more attempts in past year with moderate lethality; denies current plan but still vulnerable.
- **Pathway 3:** Multiple or highly lethal past attempts; recent intent or preparatory behaviors; persistent suicidality.

What the Research Says:

A history of prior suicide attempts is the strongest predictor of future suicidal behavior, with risk highest within the first year following an attempt. Both high-lethality and lower-intent acts indicate vulnerability to recurrence, requiring long-term monitoring and sustained therapeutic support.

De la Garza, Á. G., Davidson, C. L., & Joiner, T. E. (2021). Identification of suicide attempt risk factors in a national longitudinal survey of U.S. adults. JAMA Psychiatry, 78(2), 141–150.

Eze, C. I., Olatunji, B. O., & Choi, K. H. (2024). Prevalence and associated factors of a repeat of suicide attempts: A multicenter cohort study. European Archives of Psychiatry and Clinical Neuroscience, 274(4), 625–635

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