**Risk Factors:** associated (by empirical study) with an increased occurrence of suicidal behavior. (The list is neither prioritized nor exhaustive.)

**Individual**
- Mental disorders
  - Depression
  - Schizophrenia
  - Anxiety disorders
  - Borderline personality disorder
- “States of mind”
  - Hopelessness
  - Impulsivity
  - Low self-esteem
  - Psychic pain
- Behaviors
  - Social withdrawal
  - Alcohol or drug abuse
  - Aggressive tendencies and/or history of violent behavior
  - Previous suicide attempt
- Older age
- Race
  - White
  - Native American
- History
  - Previous psychiatric treatment
  - History of trauma or abuse
  - Some major physical illnesses; severe impairment of physical health
- Suicidal ideation
- A&D
- Access to means (firearms, poisons, etc.)

**Peer/Family**
- History of interpersonal violence, conflict, abuse, bullying
- Family history of substance abuse
- Social isolation: low or lack of social support
- Exposure to suicide
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- No longer married
- Loss of close attachment/relationship (divorce, death of spouse, etc.)
- Access to means (firearms, poisons, etc.)

**Community**
- Access to lethal means (firearms, poisons, etc.)
- Unemployment or financial loss
- Relational or social loss/humiliation
- Local clusters of suicide that have a contagious influence
- Barriers to health care and mental health care
- Stigma
- Exposure to suicide (media, memorials, etc.)

**Society**
- Certain cultural and/or religious beliefs (e.g., suicide is a noble resolution of a personal dilemma)
- Societal breakdown
- Residence in the western U.S.
- Rural/remote area
- Cultural values and attitudes
- Media influence
- Alcohol and drug misuse and/or abuse
- Economic instability
- Peer values
PROTECTIVE FACTORS: associated (by empirical study) with a decreased occurrence of suicidal behavior. (The list is neither prioritized nor exhaustive.)

INDIVIDUAL
- Cultural and religious beliefs that discourage suicide and/or support self-preservation
- Support through ongoing health and mental health care relationships
- Coping/problem-solving skills
- Resiliency, self-esteem, direction, mission, determination, perseverance, optimism, empathy
- Intellectual competence, especially in youth
- Reasons for living
- Sense of connectedness
- Sobriety
- Membership in a Twelve Step program if in recovery from a substance abuse problem or addiction

PEER/FAMILY
- Family cohesion, especially important for youth
- Sense of social support
- Interconnectedness
- Married and/or a parent
- Access to comprehensive health care
- Membership in a Twelve Step program if in recovery from a substance abuse problem or addiction
- Membership in Al-Anon or other support groups

COMMUNITY
- Access to health care and mental health care
- Access to substance abuse treatment
- Social support, close relationships, caring family members, participation and bond with school or business
- Respect for help-seeking behavior
- Skills to recognize and respond to signs of risk
- Access to Twelve Step programs and other support groups, such as Al-Anon

SOCIETY
- Urban/suburban area
- Access to health care and mental health care
- Cultural values affirming life
- Media influence

Funding for this brochure was provided under grant numbers IH79SM080217 and 1U97SM061764-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Source: Strategic Planning for Suicide Prevention: Core Community Competencies Workshop, SPRC