What is the Value of Asking about Suicidal Thoughts?

Abstract:

The purpose of this poster is to explain the results of a hierarchical regression analysis estimating the value of asking directly about suicidal thoughts. The poster will discuss the increase in predicative value of asking students about suicidal thoughts as opposed to asking about known suicide risk factors. Participants will gain knowledge of risk factors predicting suicidal behavior in high school students as well as the value of asking about the presence of suicidal thoughts.

Summary:

The current poster reports the results of a hierarchical regression analysis of data from the 2009 Youth Risk Behavior Surveillance questionnaire and attempts to determine the value of specifically asking youth directly about suicidal thoughts. The Youth Risk Behavior Surveillance questionnaire is distributed every two years to participating schools throughout the United States of America by the Centers for Disease Control. The survey produces a regular picture of the frequency of suicidal thoughts, attempts, and number of self-reported attempts requiring medical attention. The survey also provides information regarding critical demographic variables. Historically researchers have used the YRBS as a snapshot of the frequency of such behaviors.

Suicide as a phenomenon has been a focus of study for psychology dating back to Schneidman in 1949 (Jobes & Nelson, 2006). Psychologists have long worked to reduce the frequency of death by suicide through the implementation of community wide prevention efforts. These activities have included universal screenings, educational efforts, direct intervention, and postvention activities (Lieberman, Polad, & Cassell, 2008).

One common concern voiced by parents, teachers, and mental health workers in training or education is the need to ask individuals about suicide (Wainrib & Bloch, 1998). Caring adults often are hesitant out of fear that asking about suicide will put the thought into the child's mind. As a result many individuals will ask every question but whether the individual has been thinking about it in a risk factor analysis.

Others such as Brock, Nickerson, Reeves, Jimerson, Lieberman, & Feinberg, 2009 minimize asking about questions related to risk factors outside of mental health, ideation, and plan factors.

Method. Data from a sample of students taking the YRBS were placed into a hierarchical regression analysis to determine the relative value of asking about suicidal thoughts. The dependent variable was number of attempts of suicide. The predictor variables entered in a simultaneous fashion were previous plans of suicide, access to firearms, alcohol use, depressed mood, physical fighting, and
trouble at school. The added predictor over the base model was “the presence of thoughts of suicide”.

Results. To exam the value of suicidal thoughts and plans, in addition to the relationship between social-emotional and behavioral risk factors of suicidality, a six-step, hierarchical linear regression was conducted on several sets of variables. The number of times of attempted suicide reported by the participants served as the dependent variable. In the first step of the model, reported access to firearms accounted for 2.5% of the variation in overall number of suicide attempts. The second step of the model, which included alcohol use reported a significant increase in \( R^2 (\Delta R^2 = .03, p < .001) \), accounting for 5% of the variance. The third step, the addition of drug use, resulted in a significant increase in \( R^2 (\Delta R^2 = .05, p < .001) \), and thus, a significant increase in variance accounted for (10%). Step four entered several risk factors related to depression and problems at school, but did not significantly increase the amount of variance accounted for. When thoughts of suicide were entered as step five of the model, \( R^2 \) increased significantly to .31 (\( \Delta R^2 = .21, p < .001 \)). In the final model of the regression, the addition of reported plans of suicide resulted in a significant increase in \( R^2 (\Delta R^2 = .04, p < .001) \), and thus, a significant increase in variance accounted for (35%). Together, the aforementioned variables results in an \( R^2 \) of .35, indicating that the combination of these variables account for 35% of the variance in attempted suicide, leaving 65% of the number of suicide attempts variance unaccounted for by the predictor variables.

Discussion. The results of the current study suggest that a battery of risk factors serve as significant predictors of attempted suicide. Still, suicidal ideation and plans of suicide appear to continue to outweigh the clinical and demographic variables and serve the primary determinants in predicting the action of attempting suicide. While the single best predictor for previous suicide attempts were thoughts of suicide there was a significant increase in variance attributable to the inclusion of additional previously identified risk factors. These results suggest that it may be beneficial to expand the list of risk factors included in assessments such as those advocated by Brock, Nickerson, Reeves, Jimerson, Lieberman, & Feinberg, 2009.

References:


