



## **Suicide, violent acts have no easy explanations, solutions**

January 31, 2011

*Evansville Courier and Press*

Much has been written of late about risk of harm and mental health, be it the risk to harm others, as seen so dramatically by the recent tragedy in Arizona, or the risk to harm self, as documented in suicide statistics and circumstances in our own community. It is difficult to grasp why someone would go on a killing spree or why someone would take his or her own life. It violates the very principles of behavior and logic that we assume guide our actions.

Commonly, after a suicide death or an event such as Tucson, Ariz., or Columbine, Mo., the questions are the same: "Why did she do it?" "What was he thinking?" "Why didn't someone see this coming?"

These are some of the questions we ask, as individuals and as a society, after someone has taken his or her own life or engaged in a seemingly unprovoked act of mass murder. We want to know what caused the behavior; because, if we understood what caused it, perhaps we could prevent it.

Quite naturally, what we are hoping to find are simple, singular answers. If we do "X" it will solve the problem. "If only his parents would have. ... If only the college would have. ... If only the police would have ..."

Unfortunately, it is not that simple. There are few things more complex than human behavior, and the factors that contribute to an act of suicide or harm to others are multifaceted.

Suicide has been well researched for many years, and we have learned a lot about risk factors associated with individuals who commit suicide.

According to the American

Association of Suicidology, psychological autopsy studies reflect that more than 90 percent of completed suicides had one or more mental health diagnoses. The two disorders most frequently associated with suicide are depression and substance abuse. Sixty percent of those who dies by suicide had major depression at the time of their deaths.

The risk of suicide among individuals who abuse alcohol and/or other drugs is 50 to 70 percent higher than the general population. In fact, alcohol intoxication is indicated in as many as 64 percent of suicide attempts. However, we must resist the temptation to interpret this to mean that depression and/or substance abuse "causes" suicidal behavior.

Likewise, the loss of a relationship (or job) is a precipitating risk factor for suicide, but that does not mean the breakup caused the individual to commit suicide. The vast majority of individuals with depression, substance abuse or ended relationships do not attempt suicide.

To put it in perspective, even though 90 percent of suicides are associated with mental illness, more than 95 percent of individuals with mental illness never attempt suicide.

It is important to understand that individual risk factors have little predictive value. There is no single or typical profile of a person at risk of suicide.

However, there are very specific indicators that, when combined, can signal that an individual is at risk for a suicidal crisis. The next article in this series will discuss specific signs and

symptoms that you can watch for in your family, friends, co-workers and neighbors who may need assistance in getting through a crisis.

If you or someone you know is at risk of suicide, please call Southwestern Behavioral Healthcare's 24-hour, seven-day-a-week suicide prevention line at (812) 422-1100.

---

Donna Culley is a licensed clinical psychologist with Southwestern Behavioral Healthcare Inc. Contact the organization at (812) 436-4221 or [comments@southwestern.org](mailto:comments@southwestern.org).