Insider Risk/Threat Program Guidance on Suicidality

Purpose To provide useful guidance for insider threat programs if there are concerns about suicidality in a given employee. The related issue of violence risk is also addressed.

Goals * To guide efforts to support and protect individuals presenting increased risk of suicide or self-injurious behavior.

* To facilitate referrals of potentially suicidal personnel to appropriate organizational and community-based support services, where qualified professionals can make further assessments and constructively intervene.

* To ensure that emergency services (medical, mental health, police/security) are promptly engaged in situations presenting an immediate threat or danger.

Suicidality does not in and of itself constitute an insider threat.

Relevant Literature

Suicide, though a complex, multiply determined phenomenon, is closely linked to two mental health diagnoses: depression and alcohol use disorders.[1] Research has established that most individuals suffering with depression are not violent or aggressive toward others.[2]

Violence risk does increase in the presence of paranoid or psychotic symptoms;[3] and dual diagnosis (mental health & substance abuse) can be a significant factor in such behavior.[4,5] In a landmark study, 31% of those with both a psychiatric and substance use disorder reported having committed aggressive acts, as compared to 18% those with serious mental illness alone.[2]

While depression can be a contributing factor in murder-suicide, it does not follow that people suffering depression are likely to be dangerous.[3] A history of suicidality is however considered a threat-enhancer for individuals whose behavior raises concerns about targeted violence:[6]

> Evidence of suicidal thoughts is reflective of lost hope, and it may be accompanied by acceptance of the consequences for behaving violently toward others. Suicide is often contemplated by targeted violence offenders before they decide to attack; instead, they choose to punish those they feel drove them to their plight[7] (BAU/NCAVC, 2017, p. 30).

Insider Threat Program Context – Concerns about suicide risk (with or without associated questions of violence/ aggression) might arise in a number of ways. For example:

- A reason for referral to designated insider threat or personnel security programs
- Information obtained through insider threat case review, analysis or investigation including internal/external data sources, user activity monitoring or text analytics.
- Concerns reported to supervisors, Chief Security Officers (CSO's) or other officials
- Issues identified by healthcare, psychological services, or employee-focused programs like HR or EEO.

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Case Triage

1. **Immediate concerns for someone's safety and welfare:** Obtain emergency medical/mental health assistance (Call 911 or arrange safe transport to nearest hospital emergency room). Consult with medically or psychologically trained organizational personnel as indicated.
   - Be aware that certain medical or neurological conditions can cause acute symptoms requiring emergency medical attention, e.g., paranoid delusions, combativeness, stuporous states mirroring a willful lack of responsiveness or compliance.

   Individuals experiencing suicidal thoughts or other self-destructive impulses primarily need compassionate help, with an eye toward preserving their social connections and career viability.

2. **Violent, aggressive or wantonly destructive behavior:** Contain any immediate threat/ establish safety for self and others; contact police or security personnel.

3. **Reported concerns about suicidality or self-harm:** Depending on the seriousness and urgency of the concern, the individual's leadership chain should: 1) provide empathic listening and reassurance, while also asking about suicidal thoughts or plans; 2) arrange for emergency medical/mental health care, calling 911 or arranging safe transport to the nearest hospital ER if necessary; and/or 3) consult with organizational or community-based licensed mental health professionals about how to best assist the individual.

4. **Reported concerns about violence or aggression**: The individual's leadership can coordinate with security and/or local law enforcement to determine how to best ensure the safety of others. It might be necessary to get an emergency protective order or request psychiatric detention.

   If applicable, consult with security and medical/psychological services to formulate re-entry plans after a psychiatric hospitalization.

   Association of Threat Assessment Professionals (ATAP) best practices call for cases with potential for violence to be reviewed by an interdisciplinary threat assessment and management team.

5. **Information about recent suicide attempts or psychiatric hospitalizations which did not occur in proximity to the workplace:** The individual's leadership should provide compassionate support, if the issue has already been disclosed; or consult with psychological services if unsure of how to respond.
   - This information is relevant to insider threat case review/inquiry only in the presence of behavioral indicators suggestive of threatening, aggressive or destructive behavior.
   - There are likely privacy issues here, and legal services should be consulted before any disclosures are made outside the organization.

- **Information obtained through insider threat program case review, analysis, investigation or research –** A mental health professional should be promptly consulted on any suspicion of suicidality or violence risk. If direct intervention is made based on suicidal statements in UAM or employee communications, it is generally best to be transparent about how the information was obtained.

- If an intervention is made due to concerns about violence/aggression, the individual is not necessarily owed an explanation re: how the potential threat was detected. Whether to disclose this is often a matter of professional judgement, i.e., to best avoid inflaming the situation or otherwise aggravating risk. This speaks to the importance of integrated threat assessment & management resources for any organization.

Some of the best "prevention" is an organizational culture of fairness and respect, which helps avoid escalations of suicidality or other extreme emotional/behavioral responses, regardless of a situation's particulars.

See Appendix for representative suicide warning signs and risk factors.

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Additional References and Resources

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Appendix: Suicide Warning Signs and Risk Factors

Primary Source: American Foundation for Suicide Prevention www.afsp.org

Suicide Warning Signs

Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Talk - If a person talks about:

- Killing themselves or wanting to depart/disappear/be gone
- (Fateful or foreboding) comments implying suicide, e.g., "(intractable problem) won't be an issue much longer"
- Comments about "bad" or "scary" thoughts implying suicidality
- Feeling hopeless (e.g., hopelessly stuck) or helpless
- Having no reason to live, including comments @ lack of purpose, meaninglessness
- Being a burden to others
- Feeling trapped or in impossible binds
- Feeling deceived or betrayed in a devastating vein
- Unbearable pain (physical, emotional, psychosocial, spiritual)

Behavior - Behaviors that may signal risk, especially if related to a painful event or loss.

- Increased use of alcohol or drugs
- Extreme or uncharacteristic recklessness, inadvisable risk-taking
- Refusal/avoidance of help-seeking urged by concerned others
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities –or- appearance of putting everything in order (w/ job or other responsibilities) in preparation for being gone
- Isolating from family and friends
- Sleeping too much or too little; loss of appetite or eating only junk
- Visiting, calling or writing to people to say goodbye (maybe expressing appreciation for their support and friendship, etc.)
- Giving away prized possessions

Mood - Those considering suicide often show the following types of emotional state:

- Depression, possibly including loss of interest or capacity for enjoyment
- Debilitating anxiety, e.g., obsessive fears, panic symptoms
- Irritability, anger, agitation
- Humiliation - possibly with accompanying shame, blame, rage, or hopelessness @ possibility of ever recovering others' acceptance or their self-respect
- Extreme distress or despondency over a painful event, loss or change
- Guilt, regret, self-recrimination
- Worthlessness, self-loathing
- Emptiness, desolation, alienation from self and others
- Unexplained sense of relief/sudden improvement

Suicide Risk Factors - Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

Health Factors

- Mental health conditions
  - Depression
  - Substance use problems
  - Bipolar disorder
  - Schizophrenia
  - Personality traits including narcissism; paranoia or extreme isolative tendencies; hostility or aggression (increases risk of violence associated with suicidality); unstable affect or intense fear of abandonment
  - Conduct disorder (i.e., antisocial behavior in childhood or adolescence, often portending similar behavioral/adjustment issues in adulthood)
  - Anxiety disorders including trauma-based conditions
- Serious physical health conditions including chronic pain or severe debilitation, loss of independence
- Traumatic brain injury

Environmental Factors

- Access to lethal means including firearms or drugs
- Prolonged stress, such as domestic abuse, harassment, discrimination, or social rejection & marginalization
- Financial ruin
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or losses
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

Historical Factors

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma