

Risk of Suicidal Behavior in Pathological Gamblers

1. What types of suicidal behavior may be found in individuals with severe gambling problems?

Suicidal behavior includes thoughts of suicide, expressions of intent to attempt suicide (i.e., threats), developing a specific suicide plan (when, where, how), and making a suicide attempt. The level of lethality rises with each behavior. However, not all at-risk individuals engage in each behavior sequentially.

2. What is the nature and source of suicidal thoughts?

Suicidal ideation is the most common suicidal behavior. Most with thoughts of suicide do not go on to other behaviors, but research indicates just over one-third with ideation develop a suicide plan within a year. Suicidal ideation may arise as a means of escape, relief, or control of adverse life circumstances and negative self-perceptions. Suicidal thoughts may abate severe stress and feelings of shame and entrapment. Persistent or recurrent ideation lowers resistance to more dangerous suicidal behavior.

3. What about suicide threats?

A suicide threat is the usual signal of potential suicide risk. It may be verbal or nonverbal. A threat may reference self-harm but never involves actual physical harm. Threats are most serious when they reflect actual intent and are unconditional: "I can't do this any longer and I'm going to kill myself." Less serious are threats that set conditions: "If I don't get (rehab, meds, housing, etc.) I'm going to kill myself." Threats that are "or else" in nature may not involve intent to die but still are of concern.

4. Why does a suicide plan matter?

A suicide plan indicates high risk because suicide is a planned behavior that follows a specific plan. Suicides are rarely impulsive acts. A suicide is the outcome of a process and the danger level rises sharply when a plan for completing suicide takes shape. A plan is how intent leads to lethal self-harm. It specifies how suicide will be accomplished, when it will occur, and where it will take place. Suicide plans tend to be fixed in the short-run, do not change abruptly, but may change over time.

5. How does a suicide happen?

Two conditions are necessary for a suicide to take place. There must be an intense desire to die and the capability for lethal self-harm must be present. The first may be generated by the belief that one is a burden to others and that they would be better off if one was dead and/or when one believes he/she is completely disconnected from those they care about. The ability to harm one's self may come from self-injury, abuse, exposure to violence, or anything that reduces resistance to lethal self-harm.

6. How exactly does someone actually come to attempt suicide?

A recent theoretical model of suicide proposes three phases. In the first, an individual has serious risk factors, but is not suicidal. These may include financial problems, legal issues, divorce or other interpersonal conflicts, bereavement, substance abuse, or mental illness. The next phase begins with suicidal thoughts, which the individual may ruminate on and a suicide plan emerges. In the last phase, means are on hand and the plan is enacted. At this point there is a strong commitment to dying.

7. Why are chronic gamblers at risk of suicidal behavior?

Chronic gambling erodes protective factors, especially personal supports, and creates and aggravates risk factors such as serious family, financial, legal, substance abuse, and employment problems. Studies have found that suicidal ideation rises with the severity of the gambling problem and that almost one-third of problem gamblers have made one or more suicide attempts; many frequently consider suicide. Deteriorating health, housing, and living conditions are also common in problem gamblers.

8. What demographic and personal characteristics contribute to suicide risk in gamblers?

- Adult white male ages 24-44; male/female “Baby Boomer”
- Past history of suicide attempts
- Co-occurring mental illness, especially depression; Alcohol/other substance abuse
- Impulsivity; poor sense of future consequences of actions
- Increasing criminal justice involvement; risk of incarceration
- Separation, divorce, loss of child custody

9. What some major danger signs of suicide risk indicating provider referral?

- Hopelessness; no reason for living; feeling trapped - No way out
- Withdrawal from family or friends
- Anxiety, agitation, sleep problems, especially nightmares
- Dramatic mood changes
- Reckless, risk-taking behavior

10. What are the warning signs of suicide requiring emergency (911) intervention?

- Threatening to kill or seriously harm self
- Seeking means to kill or seriously harm self
- Talking/writing/texting about death, dying, or suicide

11. What are some screening questions for suicide intent and capability?

- Do you feel that you are not part of anything?
- Do you feel that you have let those you love down?
- Do you feel that people would be better off without you?
- Have you mentally practiced a suicide plan?

12. What to do if someone appears to be suicidal?

- If he/she expresses episodic or continuous ideation refer to mental health provider
- If vague intent/no plan refer for psychiatric evaluation; request that police do “welfare check”
- If he /she cites clear intent and specific plan call 911 and do not let him/her leave