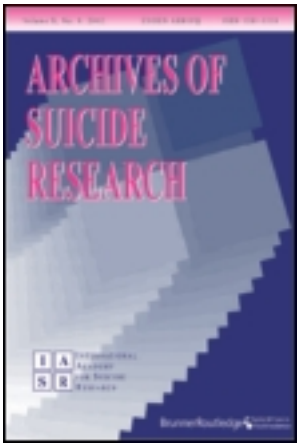
This article was downloaded by: [Columbia University]
On: 03 August 2011, At: 08:04
Publisher: Routledge
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Archives of Suicide Research
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/usui20

Suicidal Ideation as an Articulation of Intent: A Focus for Suicide Prevention?

Carmel M. McAuliffe [a]
[a] National Suicide Research Foundation, Cork, Ireland

Available online: 30 Nov 2010

To cite this article: Carmel M. McAuliffe (2002): Suicidal Ideation as an Articulation of Intent: A Focus for Suicide Prevention?, Archives of Suicide Research, 6:4, 325-338

To link to this article: http://dx.doi.org/10.1080/13811110214524

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: http://www.tandfonline.com/page/terms-and-conditions

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan, sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Archives of Suicide Research, 6:325–338, 2002
© 2002 International Academy for Suicide Research
Published by Brunner-Routledge
1381-1118/02 $12.00 + .00
DOI: 10.1080/13811110290114106

Suicidal Ideation as an Articulation of Intent: A Focus for Suicide Prevention?

Carmel M. McAuliffe
National Suicide Research Foundation, Cork, Ireland

Suicidal ideation is the most common of all suicidal behavior, but only a minority of ideators ever engages in overt self-harm. If ideation is to prove useful in the assessment of suicide intent and risk, factors creating continuity between suicidal ideation and action need to be carefully examined. The relationship between ideation and intent may resolve this dilemma, as intent is assessed by examining thoughts of self-harm in the distressed person, yet there is debate as to whether ideation must involve intent. Applying ideation as a risk factor is complicated by the failure to agree upon its definition within the nomenclature of suicidology (Leenaars et al., 1997; Shneidman, 1995). Suicide ideators are an important group because most suicides and parasuicides have engaged in suicidal thoughts prior to their acts (Shneidman, 1996). Identification of those ideators most likely to attempt or commit suicide is therefore a clinical priority (Bagley, 1975).

Keywords ideation, intent, risk, definition, conversion, prevention

Downloaded by [Columbia University] at 08:04 03 August 2011

Ideation is only a useful marker of suicide risk in as much as it is possible to assess suicidal thoughts most likely to convert to action. While only some suicidal ideators proceed to a suicide attempt, the majority of attempters and completers have engaged in ideation at some point in their lives. The Swedish National Council for Suicide Prevention (1995) estimates that the ratio of suicides to attempted suicides and to serious suicidal thoughts is approximately 1:10:100. However the relationship between age and suicidal behavior is important (Apter, 1997) as empirical studies indicate considerable differences in ratios across age groups. Ideation is generally more common in young populations, suggesting important developmental issues. In addition however, estimated ratios of suicide attempt to suicide vary widely in studies of adolescent self-harm, which would suggest important methodological considerations also (De Wilde & Kienhorst, 1995; Sullivan & Fitzgerald,

The National Suicide Research Foundation is a unit of the Health Research Board in Ireland.
Address correspondence to National Suicide Research Foundation, 1 Perrott Ave., College Road, Cork, Ireland. E-mail:nsrf@iol.ie

Downloaded by [Columbia University] at 08:04 03 August 2011

1998; Smith & Crawford, 1986). The Swedish Council for Suicide Prevention (1995) estimates that two thirds of all suicides communicate their intentions either consciously or unconsciously prior to death. It is as yet unknown whether the majority of the remaining cases entertain suicidal ideas without communicating them.

Although there are problems in extrapolating from suicidal ideation to overt self-harm, this article argues that ideation provides a useful preliminary measure of suicide intent and risk. Linehan, Camper, Chiles, Strosahl & Shearin (1987) propose that suicide ideators as a control group are "clinically significant" (p. 3) because:

1. Suicides and parasuicides emerge from a population of suicide ideators.
2. Clinicians have to decide who of those patients expressing suicidal intention will go on to self-harm and who will not.

Suicide ideators are therefore a very heterogeneous group, among which there are individuals who will proceed to self-harm and suicide. The challenge for clinicians is in identifying those at high risk.

Suicidal ideation is important clinically because it enables the measurement of intent. It is primarily by examining the distressed person's thoughts in considering self-harm, that intent can be established. Suicidal ideation involves a hierarchy of feelings from the thought that "Life is not worth living" to the more serious articulation of a thought-out plan (Kirby, Bruce, Radic, Coakley & Lawlor, 1997). From a cognitive-developmental perspective also, ideation is an important factor in suicide risk. Completed suicide rarely occurs in children under the age of 12. This is partly because many children of this age have not yet reached adequate cognitive maturation to formulate or implement a suicide plan, even when they do experience death wishes. However some children and adolescents engage in suicidal ideation from an early age, which in certain cases becomes a persistent problem (Apter, 1997). In a study of 13- and 14-year-old Dublin children, participants indicated that suicidal ideation had occurred between 10 and 14 years of age (O'Sullivan & Fitzgerald, 1998).

IDEATION DEFINED

The main difficulty in defining suicidal ideation lies in establishing the presence of suicidal intent. This is particularly important, as intention is a crucial link between thought and action, indicating the extent to which a person wants to die (Hjelmeland, 1997). A brief examination of the varying definitions offered for ideation illustrates that they can be divided into two types: thoughts of self-harm in which suicidal intent is present and thoughts where it is not. O'Carroll, Berman, Maris, Moscicki, Tanney & Silverman (1996) define ideation as self-reported thoughts of engaging in suicide-related behavior. However, ideation has also been defined as "having thoughts, ideas and intentions about suicide" (Bagley, 1975, p. 201) and as "plans and wishes to commit suicide" (Beck, Kovacs & Weissman, 1979, p. 344). Some definitions of suicidal ideation have incorporated a range of different thoughts including: attitudes to suicidal behavior, for example considering the suicidal act as a potential coping option, and contemplated plans and preparations for self-harm. The latter form of ideation, according to most suicide risk assessment instruments, would be scored as high suicidal intent.

The varying definitions of ideation used in prevalence studies have made it impossible to make comparisons between separate studies of ideation and attempted or completed suicide. This is largely due to

Downloaded by [Columbia University] at 08:04 03 August 2011

confusion around the concept, "The failure of researchers to draw conclusions specific to the behaviours under consideration has prohibited meaningful comparison between studies. The lack of specificity has also perpetuated confusions regarding the definition and measurement of specific suicidal behaviours." (Addis & Linehan, 1989, p. 2).

This may also explain the disparity between the rates of ideation reported across studies (Bille-Brahe, 1997, De Wilde & Kienhorst, 1995). De Wilde & Kienhorst (1995) report that adolescents and adults find it difficult to evaluate their own thoughts and they emphasize the importance of operationalization of ideation in research studies. One of the main problems is that ideation is subject to varying definition. Sometimes it is used exclusively to describe thoughts directed at self-harm, such as elaborate contemplation of action-relevant ideas or plans, 'I will buy paracetamol at the chemist on Monday and take them at home when the children have gone to school . . . ' At other times it includes passive death wishes with no intent, 'I wish I wasn't here.' It is of crucial importance that the questions and measuring instruments used in assessment of suicide risk are sensitive to these differences.

Ideation has been measured in several research studies using the question "Have you ever considered suicide?" (Domino, Cohen, & Gonzales, 1981; Domino & Leenaars, 1989; Domino, Lin, & Chang, 1995; Domino, MacGregor, & Hannah, 1989; Domino & Su, 1995; Domino & Takahashi, 1991; Leenaars and Domino, 1993; Lester, 1972). Those answering positively to the question have been categorized as ideators and those responding negatively as nonideators. In other studies, ideation has been measured using very different questions: "Have you ever considered harming yourself?" or "Have you ever wished for death?" (Cavan, 1965). The problem with these questions is that they may not elicit the same response.

Other studies have tried to overcome this problem by proceeding to categorize different forms of ideation. Leonard and Flinn (1972) classified suicidal behaviors among their sample as minimal consideration of the thought of suicide; non-serious threats or gestures; and serious suicidal thoughts or a serious suicide attempt. Similarly, Mavreas and Ustun (1997) classified people into ideation categories including thoughts of death; wishes for death; and thoughts of suicide.

Prevalence studies emerging since the 1970s have measured the occurrence of suicidal behavior in samples of respondents. When successive prevalence studies are compared, they should enable trends in suicidal behavior to be identified. Lewinsohn, Rohde & Seeley (1996) used a comprehensive set of operational definitions for different forms of suicidal ideation in a prospective study of 1,700 14–18 year-olds. They distinguished between thoughts of death, wishing to be dead, thoughts of hurting or killing themselves and a suicidal plan. As in the case of other classificatory systems of suicidal behaviour, the categories are not mutually exclusive. In fact, as the authors explain, each category of suicidal thought is largely subsumed under the category preceding it.

These studies provide a possible working solution to the problems enumerated earlier with regard to poor nomenclature. Applying precise operational definitions enables the calculation of accurate prevalence rates to be calculated. It also facilitates the comparison of study findings, which has thus far been hampered by the lack of an agreed nomenclature (King, 1997; Yoder, 1999). In addition, it enables the classification of ideators into subgroups, for example the proportion of death wishers who have thoughts of hurting or killing themselves could be classified separately. Operationalizing ideation can also

help to delineate the precedents of suicidal planning. For example, it enables research to examine whether all planners emerge from a larger group of suicidal ideators. Another advantage in applying operational definitions to different types of ideation—such as considering and planning—is that the correlates of specific forms—such as attitudes and intent—can be more accurately identified.

INTENT

In terms of risk, intent is the most important correlate of suicidal ideation. Somewhere in the mental process of ideation, intention is formulated. This is important because although ideation is not the same as action (Leenaars et al., 1997) it has generally been subsumed under the rubric of suicidal behavior. This can be justified for two reasons. Firstly ideation can be directly observed or inferred from behavior (King, 1997; Lewinsohn et al., 1996; Linehan, Chiles, Egan, Devine & Laffaw, 1986; Pokorny, 1986). Secondly if behavior is understood to be anything that a person does, then thinking is a form of behavior (Kohlenberg & Tsai, 1994; Skinner, 1957). Although suicidal ideation does not necessarily involve action, it is the contemplation of action and hence it is both a mental event and a behavior. It is because of intent that ideation becomes an inherent part of premeditation and hence the suicidal act.

As a result of the variety of conceptualizations of suicidal ideation (King, 1997; Yoder, 1999) there is no agreement as to whether ideation automatically implies suicidal intent. This makes it difficult to decide whether a person is manifesting suicidal ideation when they view death as a viable solution to their problem but deny suicidal intent (Clark & Kerkhof, 1995). Yet intention is central to the relationship between thought and action.

In terms of ideation, to prefer to be dead involves greater intent than the thought that life is not worth living (M.J. Kelleher, personal communication, 1997). King (1997) acknowledges a problem in deciding what constitutes "meaningful suicidal thoughts" (p. 64) from the point of view of risk, in other words, which thoughts are to be classified as 'suicidal.' Suicidal ideation has been used to describe thoughts where there is only minimal intent, right through to those in which intent is definite. If the term "suicidal" ideation is taken at face value, it implies at least a minimal or nonzero level of intent to act in accordance with one's ideas. Using a cut-off point such as this might resolve the problem surrounding classification. However intent and ideation are not synonymous, as patients with obsessive thoughts about suicide in the absence of any wish to harm themselves have been classified as suicidal ideators (Pokorny, 1986). Secondly, as King (1997) notes, prevalence rates for suicidal ideation are inversely correlated with severity of suicidal intent. This makes it even more important that careful, sensitive assessment on the part of the clinician be used to establish clinically to what extent suicidal thoughts presenting are indicative of risk.

Using Suicidal Ideation to Measure Intent

Part of the difficulty in categorising suicidal behavior is due to the problem of measuring suicidal intent. Suicidal ideation may be understood as the language of intent, and like ideation, intensity of intent may be strong and certain or alternatively it may be vague and ambivalent. Neither is intent stable temporally, as it is the difference between self-destructive and self-maintaining thoughts at a particular point in time (Beck, Schuyler & Herman, 1986). In terms of its duration, intent can be fleeting or persistent.

Measures of intent in researching parasuicide are of necessity retrospective (Beck,

Downloaded by [Columbia University] at 08:04 03 August 2011

Downloaded by [Columbia University] at 08:04 03 August 2011

Kovacs & Weissman, 1979) and may reflect changes that have occurred for the respondent subsequent to their self-harm, rather than their intent at the time of the act (Hjelmeland, 1996). In cases of suicide, measurement is even more indirect as it can only be inferred through judgment of circumstances surrounding the act or verbal reports from significant others or key informants. Methodological problems also plague studies of ideation, particularly in retrospective studies. Approximately 64.8% of a student sample in a study by Mishara, Baker & Mishara (1976) had engaged in ideation—a large proportion of whom had also made a plan of self-harm. Most of the planners stated that they would never attempt self-harm. Retrospective measures of intent among participants who report prior ideation may therefore have limited validity as measures of the severity of intent at the time of engaging in ideation.

Intent is, to varying degrees, an integral part of all suicidal behavior. Suicide is simply definable as the act of intentionally killing oneself, but even at the lowest level of intent, a person is aware that the behaviors being considered or engaged in might result in death (M.J. Kelleher, personal communication, 1997). The large suicide attempt:completion ratio indicates the variability of suicidal intent and lethality across the range of suicidal behaviors (King, 1997). Some researchers have chosen to classify suicidal behavior solely in terms of intention (Fairbairn, 1995; King, 1997). Fairbairn (1995) goes so far as to suggest that the person's intended end-state rather than their actual end-state should be the main criterion when labelling their action as suicide or attempted suicide. According to his argument, suicide attempters with high intent should be equated with people who commit suicide, differing only in their actual end-states. Similarities between suicide completers and suicide attempters with high intent have been found in terms of clinical variables. Lester, Beck and Mitchell (1979) carried out a follow-up study of attempted suicides, some of whom later committed suicide. They found that depression and hopelessness scores of completed suicides were similar to those of the attempters with high intent. This highlights the importance of examining correlates of high intent when assessing suicide risk in the suicide ideator.

As suicidal ideation and intent share many characteristics they are measured in similar ways. Beck, Schuyler and Herman (1974) developed the Suicide Intent Scale (SIS) for use with suicide attempters to measure the severity of the person's wish to die, in contemplating planning or engaging in suicidal behavior. The Scale for Suicidal Ideation (SSI) (Beck, Kovacs & Weissman, 1979) on the other hand has been developed to assess current conscious suicide intent in the absence of any recent suicide attempt. The SSI operates along similar lines to the SIS to measure the elaboration of suicidal thoughts in the following ways:

- Characteristics of attitudes toward living and dying
  This estimates the ratio of desire to live to desire die.
- Characteristics of suicide ideation or wishes
  This measures duration; frequency; acceptance of; sense of control over and deterrents against the idea of self-harm; reasons for the contemplation of self-harm (including manipulation; escape; cessation; solution of unbearable problems; or a combination of these).
- Characteristics of the contemplated attempt
  This addresses issues including specificity of planning an attempt; availability of method; perceived ability to plan or carry out an attempt; and probability of making an attempt.

- Actualization of the contemplated attempt
  This relates to the extent to which thoughts and plans are put into action, including preparations made; writing a suicide note; putting affairs in order; and communication of intent.

When ideation is found to involve some level of intention to act, it indicates higher suicide risk. This is important given that ideation is present in the majority of suicides and parasuicides. However it must also be borne in mind in clinical work that risk assessment has a short shelf life and that vague thoughts can develop into more serious suicidal impulses over a short time period. The SSI for example only assesses current conscious suicidal intent (Beck, Kovacs & Weissman, 1979).

IDEATION AND PREVENTION

If ideation is the most commonly occurring suicidal behavior preceding overt self-harm, it is an important marker for suicide as a low risk, common factor and may be a more pragmatic focus for intervention efforts. Kapur and House (1998) argue that suicide prevention should be based on a combination of high and low risk approaches. Screening for ideation would be classified as a low-risk approach, which would target a large volume of people at low risk of self-harm. However the overall number of people prevented from committing suicide could potentially be larger than in adopting a solely high risk, low volume approach. It could also have the advantage of preventing problem accumulation through early intervention. The United Nations has included ideation as one of its recommended targets in national suicide prevention strategies: "to reduce the incidence and prevalence of suicidal ideation and behaviour among young people..." (Commonwealth Department of Health and Family Services, 1997, p. 21).

The importance of ideation as a precursor to overt self-harm seems to bear out in reseach findings: Brent (1993a) have found among adolescents with a psychiatric disorder, that past suicidal ideation with a plan is as strongly associated with completed suicide as a past attempt. Andrews & Lewinsohn (1992) found that over half of their respondents, who attempted suicide for the first time during a prospective study, had indicated suicidal thoughts before the study. They also report that over half of the respondents who made an attempt during the study had made an attempt prior to the study. It seems therefore that ideation in the absence of a prior attempt is strongly associated with attempted suicide as is a past attempt in the case of a repeat attempter.

One of the main problems in prevention is that like intent, ideation is covert and can only be measured indirectly. In clinical practice people with serious intent frequently deny ideation or provide inaccurate retrospective accounts of their thoughts (Hjelmeland, 1996). This necessitates assessment procedures that supplement what the individual is willing to disclose, including interviews with relatives and nursing or other staff on the ward.

CONVERSION

Ideation only becomes a useful marker of suicide risk when it is possible to assess suicidal thoughts most likely to convert to action. Planning an attempt is one form of ideation in which there is a definite level of intent to act in accordance with one's thoughts. Not only is self-harm considered but a decision has been made to proceed toward its implementation. If self-harming behavior is conceptualized as a suicidal process (Beskow, 1979) in which thoughts of suicidal behavior convert into acts of self-harm, it seems important that intervention occurs as early as possible in its devel-

Downloaded by [Columbia University] at 08:04 03 August 2011

Downloaded by [Columbia University] at 08:04 03 August 2011

opment (Salander-Renberg, 1998). As already stated, past suicidal behavior is one of the strongest risk factors for self-harm (Botsis, 1997).

A proportion of people progress from one category or subgroup of suicidal behavior to another when studied prospectively (Andrews & Lewinsohn, 1992). For example, in a prospective study in which a cohort of parasuicides attending the accident and emergency departments of four Cork city hospitals after an act of deliberate self-poisoning was followed up over a 10-year period, 4.6% had died by suicide (Kelleher et al., 1999). Some degree of elasticity may therefore need to be incorporated into definitions of suicidal behavior and suicidality (King, 1997).

More recent definitions of suicidal behavior have been processual, that is focussing on the process from mild to severe suicidality in the suicidal career, because it is now recognized clinically and from psychological autopsy studies (Marttunen, Hillevi & Lonnqvist, 1992) that there is considerable permeability amongst categories of self-harming behaviors. Suicidal behavior is conceptualized as a "...continuum of thoughts and actions." (Bonner & Rich, 1987, p. 50) and as a gradient of potential along which ideation, contemplation, threats, attempts and completions occur. Suicidal ideation, attempts and suicide, are described by King (1997) as "distinct yet overlapping" (p. 62) categories of the continuum of suicidal behavior. This conceptualization is consistent with earlier ones developed by other suicidologists (Beskow, 1979; Limbacher & Domino, 1986; Linehan, et al., 1986).

Some models emphasizing the process from mild to severe suicidality (Beskow, 1979; Firestone & Seiden, 1992) oversmiplify the definition of suicidal behavior, however. They imply that there is a climax to a stage where suicide attempt or completion becomes almost inevitable (Kelleher, personal communication 1998). This assumption is flawed because many people who become actively suicidal never make an attempt, as indicated in the study by Mishara, Baker & Mishara (1976). Alternatively, cases of impulsive suicidal behavior, particularly in young people, do not usually involve a build-up in suicide intent. Hoberman & Garfinkel (1988) have found that in a sample of 229 youth suicides only 28% evidenced a plan to commit suicide and this was usually of brief duration. Definite preparation for death was apparent in only 8% of suicides.

Suicide intent is a key factor in conversion as it has been associated with outcome in both suicide and attempted suicide (Beck, Schuyler & Herman, 1974). As described earlier it has been used to distinguish those attempters who eventually commit suicide from those who do not. Although suicide attempters and suicides are two separate and distinct groups (Kelleher et al., 1999; Roy, 1991) they do overlap to some extent. Among suicide attempters, those who actually go on to commit suicide have been found to be most similar, in terms of hopelessness and depression measures, to those expressing high suicide intent (Lester, Beck & Mitchell 1979; Linehan 1987). There are important exceptions however, including impulsive suicides, where outcome is due more to the choice of a lethal method than to the intent of the individual (Bernt et al., 1993a; Hawton & Fagg, 1992; Kelleher, Keeley & McAuliffe, 1998). This does not negate the fact that variables predictive of high suicide intent in attempted suicide may also be predictive of suicide.

It is also important to examine severity of lifetime suicidal ideation and to move beyond an examination of current ideation. Beck, Brown, Steer, Dahlsgaard & Grisham (1999) have found that suicidal ideation at its worst point is a better predictor of eventual suicide among psychiatric outpatients than either current suicidal ideation or hopelessness. They recommend that

Downloaded by [Columbia University] at 08:04 03 August 2011

this measure be used to identify a subgroup of patients at long-term risk of suicide who can be monitored for risk factors on an ongoing basis.

In young people, ideation with or without a plan may be of similar importance as a risk factor for non-fatal self-harm as it is for suicide. Brent et al. (1993a) argue that in the absence of psychopathology, ideation with a plan is an important risk factor for completed suicide. They have found that adolescent suicide victims are significantly more likely to indicate suicidal ideation with a plan in the week prior to their deaths. In fact, when compared with demographically matched controls, three quarters of the suicide victims in their study were known to have had ideation compared with 0% of the control group. In a prospective community study of adolescents (Andrews & Lewinsohn, 1992) 87.8% of females and 87.1% of males who attempted suicide before the study also reported prior suicidal ideation. The clinical implications of these studies are important. When a young person presents with suicidal ideation in the absence of any diagnosable psychopathology they need to be treated as a short-term suicide risk.

Despite the similarities between the aetiologies of different forms of suicidal behavior, suicide ideators, attempters and completers are not the same. The relationship between them might best be described as that between "distinct yet overlapping aspects" (King, 1997, p. 62) with both similarities and differences. Ideation is considerably greater in terms of incidence and prevalence, than suicide attempts. Ratios of ideation to attempt reported in numerous studies have invariably been high. Bille-Brahe (1997) reports rates of ideation ranging from 64.8% to 8.9% from a literature survey of prevalence studies, while rates of attempt range from 15% to 1%.

Two important issues emerge from a review of ideation studies such as this: Firstly, the rates of ideation obtained vary widely, which may be due to the different types of questions used to measure ideation or the differing age groups of respondents. Secondly, there is a substantially higher prevalence of ideation over attempt. According to the rates reported in Bille-Brahe's review, the ratio of ideators to attempters varies between 4:1 and 13:1 which indicates that only a minority of those who have suicidal ideation go on to attempt suicide. The proportion of ideators who complete suicide is even less. The number of people experiencing serious suicidal ideation who eventually suicide has been estimated at 1% (Gunnell, 1994; Salender-Renberg, 1998).

On the other hand, when ideation is examined retrospectively, psychological autopsy studies indicate that the majority of suicides have communicated suicidal thoughts (Barraclough, 1974; Marttunen, Hillevi & Lonnqvist, 1992). Shneidman (1996) reports that in one psychological autopsy of unequivocal suicides, approximately 90% had provided verbal or behavioral clues within about one week of their deaths. Barraclough et al. (1974) found that 55% of their sample gave a verbal warning and they note that this is probably an underestimate as only some of the survivors were interviewed. According to Leonard and Flinn (1972) 80% of completed suicides examined retrospectively reported prior suicidal ideation. Morgan and Stanton (1997) found that 83% of inpatient suicides reported suicidal ideation, and it is reasonable to assume that many other in-patient suicides refute ideation in order to avoid unwanted observation by hospital staff. Another general estimate is that between 60% and 80% of those who commit suicide will have communicated their intention either directly, or indirectly through hints or suggestions (Retterstol, 1993).

Retterstol (1993) has defined suicidal thoughts as:

> ...behaviour that can be directly observed where the person concerned states that he or she is thinking about putting an end to his or her life. The category of suicidal thoughts includes thoughts which are spontaneously reported to others, or which are confirmed when the person concerned is asked (p. 4).

While it is important to take expression of suicidal ideas seriously, those who do not spontaneously report their suicidal thoughts can also be at high risk. Both are engaging in suicidal ideation. There may also be many suicides who engage in ideation without ever conveying their suicidal thoughts to others (Williams, 1997). Ideators known to have communicated their intent therefore may not provide an accurate estimate of the proportion of ideators at risk. For instance, Barraclough et al. (1974) found that oblique hints of suicide were more common than equivocal hints in one psychological autopsy study. In another psychological autopsy of suicides aged under 25, Hawton, Houston & Shepperd (1999) found that 44.3% of the sample expressed suicidal thoughts within the month before death, with two thirds having made explicit statements of intent while the remaining third had made more vague statements. The implication is that all verbal or behavioral suggestions of self-harm or death must be taken seriously by everyone. The challenge is a great one both for primary and secondary prevention.

Research may nevertheless need to functionally distinguish reported from non-reported ideation. In the case of reported ideation, people's responses can have an effect on outcome by reinforcing or punishing the suicidal person. Shah & Ganesvaran (1997) found that reports of ideation have a close association with suicide through the responses they evoke in caregivers. In their study, psychiatric in-patient reports of unstable suicidal ideation with daily fluctuation was distinct from stable ideation, where a person is either continuously suicidal or non-suicidal. They argue that patients exhibiting unstable ideation may receive less support from staff and consequently poorer monitoring or recognition of suicide risk. In-patient studies are important for examining treatment effects on suicide, but because ideation is monitored in the hospital, the relationship between quality of ideation and self-harm may be confounded. The complexity of this relationship may also hold in non-clinical samples, where family and friends' responses to verbalized suicidal thoughts or threats may play a determining role in outcome by "arresting" suicidality. This needs to be examined using interactive multi-factorial models.

MAKING THE DISTINCTION

Characteristics predisposing people to engage in suicidal ideation are not sufficient and may not be necessary to predispose people to attempt suicide. In fact, ideation may in certain cases act as a coping mechanism beyond which an individual may never develop suicidal intent nor make an attempt (Ringel, 1976) but unfortunately, this issue has only been addressed in autobiographical, fictional and existential literature. Simply knowing that there is an available exit should circumstances deteriorate any further, may create a greater sense of competence and control, which helps a person to cope with the crisis at hand. Clark and Kerkhof (1994) refer to a 'suicide ideation-behaviour' barrier, crossed by only a minority of suicide ideators. The challenge for screening is to identify a subgroup of ideators who will proceed to self-harm. The issue of conversion is therefore of central importance if ideation is to be used as a target for primary prevention.

Ideation may not be a necessary condition in short-term suicide risk. For

Downloaded by [Columbia University] at 08:04 03 August 2011

Downloaded by [Columbia University] at 08:04 03 August 2011

example in cases of impulsive suicide, advance ideation may not occur (Kessel, 1967). Among the young in particular, suicidal ideation may have more tenuous links with attempt for two reasons. Firstly ideation tends to be more common in young people (Schwab, Warheit & Holzer, 1972) and secondly, impulsivity is a salient trait in this age group. Lester (1972) found that students reporting past suicide attempts or threats were more impulsive and irritable than non-suicidal students. Kessel (1967) found that two thirds of the non-lethal acts of self-poisoning he examined were impulsive. Parasuicide patients reported that 5 minutes prior to the act, the idea of poisoning themselves had not come to mind. Although the act itself was not the culmination of a plan— "The intention just 'came over me'" (p. 264)—the majority had previously considered suicide. This does not support the notion of a suicide continuum strictly organized in time from mild ideation, to severe ideation with planning, to overt self-harm. Clearly parasuicide does not have to be preceded immediately by elaborate ideation. However Kessel's (1967) study does demonstrate that *lifetime* ideation is important. For instance it may indicate tolerance of suicidal behavior as a potential coping option, which is later drawn upon or activated by low mood when a person encounters a stressful situation. This is important given that attitudes have been found to exert a distal influence on behavior (Schuman & Johnson, 1976). Screening for suicidal ideation should therefore include lifetime ideation along with measures of more recent suicidal thoughts.

There is clearly a need for some form of classification of suicidal ideation, as the quality of these thoughts has important implications for subsequent action. Shneidman (1996) provides a useful description of a possible process involved in suicidal ideation:

> Suicide is the result of an interior dialogue. The mind scans its options; the topic of suicide comes up, the mind rejects it, scans again; there is suicide, it is rejected again, and then finally the mind accepts suicide as **a** solution, then plans it, and fixes it as the **only** answer. The general word for this process is introspection. (Shneidman, 1996, p. 15; emphasis in bold author's own).

Specific thought processes involved in different forms of suicidal ideation are important indicators of suicide risk (Ceyhun & Ceyhun, 1998). According to Shneidman's formulation (1996) ideation occurs in the process of seeking a solution in response to a problem. The notion of suicide is entertained along with several other potential responses. Somewhere along this train of thought the dynamic may change from death or suicide being seen as a solution to a problem, to its being seen as *the* solution and the *only* option. There is an important distinction to be made between a person's consideration of suicide as *an* option, which may enhance their sense of control and freedom, and a person who is perturbed and feeling constricted, who views suicide as the *only* option. Careful clinical interviewing of the ideator helps to elicit the extent of cognitive rigidity in their thoughts. Unfortunately Shneidman (1996) does not suggest how conversion might occur from a mild form of ideation to a more serious form.

In order to address this problem it seems necessary to examine correlates of serious suicidal intent. Neuringer & Lettieri (1971) found that highly suicidal patients engage in consistently more dichotomous thinking in relation to the concepts of life and death than modernate lethality, low lethality or non-suicidal groups; and that the highly suicidal are significantly more dichotomous, specifically in relation to the life concept. There is also evidence that severity of problems accompanying ideation vary between mild and more serious suicidal thoughts. For

Downloaded by [Columbia University] at 08:04 03 August 2011

example, suicidal ideation, like attempted suicide, is associated with interpersonal difficulties. People with poor interpersonal problem-solving ability who experience stress have been found to suffer serious suicidal ideation and intent (Schotte & Clum, 1982). However distinctions may also be made between degrees of ideation. Strang and Orlofsky (1990) have found among college students that when suicidal thoughts, plans, intentions and past suicidal behavior are used to measure ideation, 'low intensity' ideators have more strained attachments with parents than nonideators. They also find that 'moderate to high intensity' ideators have more serious problems in their relationships with parents and have insecure attachments with peers. There is a measurable difference therefore between the interpersonal difficulties accompanying mild ideation and those accompanying severe forms. Assessment of current interpersonal problems and problem-solving skills provides useful additional information when assessing suicide risk and planning treatment strategies. In a treatment study by Lerner & Clum (1990) problem solving therapy was more effective than supportive therapy at reducing suicidal ideation at post-treatment and at three-month follow-up.

CONCLUSION

Suicidal ideation is a low risk, common factor among nonclinical population samples (Bonner & Rich, 1987; Buddeberg, Buddeberg-Fischer, Gnam, Schmid & Christen, 1996; Mishara, Baker & Mishara, 1976; Smith & Crawford, 1986; Strang & Orlofsky, 1990). Ideation may only become a risk factor for attempted or completed suicide when it is comorbid with rarer risk factors such as a dichotomous thinking style and in the absence of certain protective factors such as social support. Other studies have found that hopelessness, helplessness and lack of adaptive reasons for living distinguish ideators who self-harm from those who do not (Bonner & Rich, 1987; Linehan, 1983; Strang & Orlofsky, 1990; Teicher & Jacobs, 1967). Empirical studies are limited in their ability to assist clinicians in their risk assessment of patients presenting with suicidal ideation as they indicate long-term suicide risk rather than more immediate risk (Pallis, 1997) and are often based on data collected after the event (Beck, Kovacs & Weissman, 1979).

One of the main problems hampering research into ideation is the lack of agreement on its definition. The main distinction is between thoughts of self-harm in which there is intention to act and thoughts in which there is none. There is an important line to be drawn between ideation and action however, even where suicidal intent is high. A person's intent may also fluctuate between ambivalence and high suicidal intent. It is naïve to assume that a level of intent exists at which point overt self-harm becomes inevitable as only the person will decide whether and at what point they will couple action with intention and choose to self-harm. Nevertheless intent may offer the most feasible way around resolving the issue of conversion from thought to action. It is an effective marker for suicide completion and may facilitate extrapolation from one category of suicidal behavior to another (Beck, Schuyler & Herman, 1974).

There is considerable debate in suicide research as to whether suicide prevention efforts should focus on low-risk common factors such as ideation or alternatively on high risk factors such as parasuicide or psychiatric illness (Goldney, 1998; Gunnell & Frankel, 1994). One of the strongest predictors of suicidal behavior is past suicidal behavior (Brent et al., 1993a&b). However Roy (1991) reports that up to 70% of suicide victims die on their first attempt. In other words as few as 30% of all suicides have made a prior attempt. In contrast, the

vast majority of suicide victims engage in suicidal ideation prior to committing suicide (Leonard & Flinn, 1972; Retterstol, 1993). Reported ideation may therefore be a more useful and implementable marker for suicide risk than prior suicide attempt. In terms of prevention, ideators are an important group and identification of those ideators who will attempt or commit suicide is a clinical priority (Bagley, 1975).

REFERENCES

Addis, M. & Linehan, M.M. (1989). Predicting suicidal behavior: Psychometric properties of the suicidal behaviour questionnaire. University of Washington: Poster presented at the annual meeting of the American Association of Behaviour Therapy.

Andrews, J.A. & Lewinsohn, P.M. (1992). Suicidal attempts among older adolescents: Prevalence and co-occurrence with psychiatric disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, *31(4)*, 655–662.

Apter, A. (1997). Suicide in children and adolescents. In A.J. Botsis, C.R. Soldatos & C.N. Stefanis (Eds.), *Suicide: Biopsychosocial approaches* (pp. 215–228). Amsterdam: Elsevier.

Bagley, C. (1975). Suicidal behaviour and suicidal ideation in adolescents: A problem for counsellors in education. *British Journal of Guidance and Counselling*, *3(2)*, 190–209.

Barrclough, B.M., Bunch, J., Nelson, B., & Sainsbury, P. (1974). A hundred cases of suicide: Clinical aspects. *British Journal of Psychiatry*, *125*, 355–373.

Beck, A.T., Brown, G.K., Steer, R.A., Dahlsgaard, K.K. & Grisham, J.R. (1999). Suicide ideation at its worst point: A predictor of eventual suicide in psychiatric out-patients. *Suicide and Life-Threatening Behaviour*, *29(1)*, 1–9.

Beck, A.T., Kovacs, M. & Weissman, A. (1979). Assessment of suicidal intention: The scale for suicidal ideation. *Journal of Consulting and Clinical Psychology*, *47(2)*, 343–352.

Beck, A.T., Schuyler, D. & Herman, J. (1986). Development of suicidal intent scales. In A.T. Beck, H.L.P. Resnik, & D.J. Lettieri, (Eds.), *The prediction of suicide* (pp. 45–56). Philadelphia: Charles Press.

Beskow, J. (1979). Suicide and mental disorder in Swedish men. *Acta Psychiatrica Scandinavica* (Suppl. 277).

Bille-Brahe, U. (1997). Suicidal behaviour among children in Europe. Paper presented at the World Federation for Mental Health Congress, Lahti.

Bonner, R.L. & Rich, A.R. (1987). Toward a predictive model of suicidal ideation and behavior: Some preliminary data in college students. *Suicide and Life-Threatening Behaviour*, *17(1)*, 50–63.

Botsis, A.J. (1997). Suicidial behaviour. Risk and protective factors. In A.J. Botsis, (Ed.), *Suicide: Biopsychosocial approaches* (pp. 129–146). Amsterdam: Elsevier.

Brent, D.A., Perper, J.A., Moritz, G., Allman, C., Friend, A., Roth, C., Schweers, J., Balach, L. & Baugher, M. (1993b). Psychiatric risk factors for adolescent suicide: A case-control study. *Journal of the American Academy of Child and Adolescent Psychiatry*, *32(3)*, 521–529.

Brent, D., Perper, J., Moritz. G., Baugher, M., & Allman, C. (1993a). Suicide in adolescents with no apparent psychopathology. *Journal of the American Academy of Child and Adolescent Psychiatry*, *32(3)*, 494–500.

Buddeberg, C., Buddeberg-Fischer, B., Gnam, G., Schmid, J. & Christen, S. (1996). Suicidal behaviour in Swiss students: An eighteen-month follow-up survey. *Crisis*, *17(2)*, 78–86.

Cavan, R.S. (1965). *Suicide*. New York: Russell & Russell.

Ceyhun, B. & Ceyhun, G. (1998). Psychometric characteristics of the suicide probability scale in university students. Poster presented at the 31st Annual conference of the American Association of Suicidology, Washington.

Clark, D.C. & Kerkhof, A.J.F.M. (1994). Reconsidering prevention concepts. *Crisis*, *15(3)*, 98.

Clark, D.C. & Kerkhof, A.J.F.M. (1995). Consensual definitions. *Crisis*, *16(3)*, 98–99.

Commonwealth Department of Health and Family Services (1997). Youth suicide in Australia: The national youth suicide prevention strategy. Canberra: Australian government.

De Wilde, E.J. & Kienhorst, I. (1995). Suicide attempts in adolescence – "Self-Report" and "Other-Report". *Crisis*, *16(2)*, 59–62.

Domino, G., Cohen, A. & Gonzales, R. (1981). Jewish and Christian attitudes on suicide. *Journal of Religion and Health*, *20*, 201–207.

Downloaded by [Columbia University] at 08:04 03 August 2011

Downloaded by [Columbia University] at 08:04 03 August 2011

Domino, G. & Leenaars, A.A. (1989). Attitudes toward suicide: A comparison of Canadian and US college students. *Suicide and Life-Threatening Behaviour*, *19(2)*, 160–172.

Domino, G., Lin, J. & Chang, O. (1995). Attitudes toward suicide and conservatism: A comparison of Chinese and United States samples. *Omega*, *31(3)*, 237–252.

Domino, G., MacGregor, H. & Hannah, M.T. (1989). Collegiate attitudes toward suicide: New Zealand and United States. *Omega*, *19(4)*, 351–364.

Domino, G. & Su, S. (1995). Conservatism and attitudes toward suicide: A study of Taiwanese-American and US adults. *Omega*, *30(2)*, 131–143.

Domino, G. & Takahashi, Y. (1991). Attitudes toward suicide in Japanese and American medical students. *Suicide and Life-Threatening Behaviour*, *24(4)*, 345–359.

Fairbairn, G.J. (1995). *Contemplating suicide: The language and ethics of self-harm*. London: Routledge.

Firestone, L. & Seiden, R.H. (1992). Suicide and the continuum of self-destructive behaviors. Proceedings at Harvard Medical School, Boston. 55–57.

Goldney, B. (1998). Variation in suicide rates: The "tipping point". *Crisis, 19(3)*, 136–138.

Gunnell, D. (1994). *The potential for preventing suicide: A review of the literature on the effectiveness of interventions aimed at preventing suicide*. University of Bristol: Health care evaluation unit.

Gunnell, D. & Frankel, S. (1994). Prevention of suicide: Aspirations and evidence. *British Medical Journal*, *308*, 1227–1233.

Hawton, K. & Fagg, J. (1992). Deliberate self-poisoning and self-injury in adolescents: A study of characteristics and trends in Oxford. *British Journal of Psychiatry*, *161*, 816–823.

Hawton, K., Houston, K. & Shepperd, R. (1999). Suicide in young people: Study of 174 cases, aged under 25 years, based on coroners' and medical records. *British Journal of Psychiatry*, *175*, 271–276.

Hjelmeland, H. (1996). Verbally expressed intentions of parasuicide: II. Prediction of fatal and nonfatal repetition. *Crisis*, *17(1)*, 10–14.

Hlemeland, H. (1997). Parasuicide: General epidemiology and prediction of repetition of suicidal acts with special reference to intentions and sex differences. Doctoral dissertation. Department of Psychology, Faculty of Social Sciences and Technology Management, Norwegian University of Science and Technology.

Hoberman, H.H. & Garfinkel, B.D. (1988). Completed suicide in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiarty*, *27(6)*, 689–695.

Kapur, N. & House, A. (1998). Against a high-risk strategy in the prevention of suicide. *Psychiatric Bulletin*, *22*, 534–536.

Kelleher, M.J. (1997). Suicidal behaviour in schools: Prevention and response. Unpublished manuscript.

Kelleher, M.J., Keeley, H.S. & McAuliffe, C. (1998). Suicide in adolescents. *Modern Medicine of Ireland*, *28(1)*, 27–36.

Kelleher, M.J., Keohane, B., Corcoran, P. & Keeley, H.S. (1998). An investigation of 100 Cork suicides. Submitted to the *Irish Journal of Psychological Medicine*.

Kelleher, M.J., Keohane, B., Daly, C., Keeley, H.S., Corcoran, P., Chambers, D. & Williamson, E. (1999). Individual characteristics and long-term outcome for deliberate self-poisoners. *Journal of the Irish College of Physicians and Surgeons*, *28(1)*, 5–8.

Kessel, N. (1967). In Lester, D. (1972). *Why people kill themselves: A summary of research findings on suicidal behaviour*. Springfield: Charles C. Thomas.

King, C.A. (1997). Suicidal behaviour in adolescence. In R.W. Maris, M.M. Silverman, & S.S. Canetto (Eds.), *Review of suicidology* (pp. 61–95). New York: The Guilford Press.

Kirby, M., Bruce, I., Radic, A., Coakley, D. & Lawlor, B.A. (1997). Hopelessness and suicidal feelings among the community dwelling elderly in Dublin. *Irish Journal of Psychological Medicine*, *14(4)*, 124–127.

Kohlenberg, R.J. & Tsai, M. (1994). Functional analytic psychotherapy: A radical behavioural approach to treatment and integration. *Journal of Psychotherapy Integration*, *4(3)*, 175–201.

Leenaars, A.A., De Leo, D., Diekstra, R.F.W., Goldney, R.D., Kelleher, M.J., Lester, D. & Nordstrom, P. (1997). Consultations for research in suicidology. *Archives of Suicide Research*, *3*, 139–151.

Leenaars, A.A., & Domino, G. (1993). A comparison of community attitudes towards suicide in Windsor and Los Angeles. *Canadian Journal of Behavioural Science*, *25(2)*, 253–266.

Leonard, C.V. & Flinn, D.E. (1972). Suicidal ideation and behaviour in youthful nonpsychiatric populations. *Journal of Consulting and Clinical Psychology*, *38(3)*, 366–371.

Lerner, M.S. & Clum, G.A. (1990). Treatment of suicide ideators: A problem solving approach. *Behaviour Theraphy*, *21*, 103–111.

Lester, D. (1972). *Why people kill themselves: A summary of research findings on suicidal behaviour* Springfield: Thomas.

Lester, D., Beck, A.T. & Mitchell, B. (1979). Extrapolation from attempted suicides to completed suicides: A test. *Journal of Abnormal Psychology*, *88(1)*, 78–80.

Downloaded by [Columbia University] at 08:04 03 August 2011

Lewinsohn, P.M., Rohde, P. & Seeley, J.R. (1996). Adolescent suicidal ideation and attempts: Prevalence, risk factors and clinical implications. *Clinical Psychology: Science and Practice*, *3*, 25–46.

Limbacher, M. & Domino, G. (1986). Attitudes toward suicide among attempters, contemplators and nonattempters. *Omega*, *16(4)*, 325–334.

Linehan, M.M., Camper, P., Chiles, J.A., Strosahl, K. & Shearin, E.L. (1987). Interpersonal problem-solving and parasuicide. *Cognitive Therapy and Research*, *11*, 1–12.

Linehan, M.M., Chiles, J.A., Egan, K.J., Devine, R.H. & Laffaw, J.A. (1986). Presenting problems of parasuicides versus suicide ideators and non-suicidal psychiatric patients. *Journal of Consulting and Clinical Psychology*, *54*, 880–881.

Linehan, M.M., Goodstein, J.L., Nielson, S.L. & Chiles, J.A. (1983). Reasons for staying alive when you are thinking of killing yourself: The Reasons for Living Inventory. *Journal of Consulting and Clinical Psychology*, *51(2)*, 276–286.

Marttunen, M.J., Hillevi, M.A., & Lonnqvist, J.K. (1992). Adolescent suicide: Endpoint of long-term difficulties. *Journal of American Academy of Child and Adolescent Psychiatry*, *31(4)*, 649–654.

Mavreas, V.G. & Ustun, T.B. (1997). The epidemiology of death and suicide symptoms in primary health care. In A. Botsis (Ed.), *Suicide: Biopsychosocial approaches* (pp. 11–22). Amsterdam: Elsevier.

Mishara, B.L., Baker, H. & Mishara, T.T. (1976). The frequency of suicide attempts: A retrospective approach applied to college students. *American Journal of Psychiatry*, *133(7)*, 841–844.

Morgan, H.G. & Stanton, R. (1997). Suicide among psychiatric in-patients in a changing clinical scene. Suicidal ideation as a paramount index of short-term risk. *British Journal of Psychiatry*, *171*, 561–563.

Neuringer, C. & Lettieri, D.J. (1971). Cognition, attitude and affect in suicidal individuals. *Life-Threatening Behaviour*, *1(2)*, 106–124.

O'Carroll, P.W., Berman, A.L., Maris, R.W., Moscicki, E.K., Tanney, B.L. & Silverman, M.M. (1996). Beyond the tower of Babel: A nomenclature for suicidology. *Suicide and Life-Threatening Behaviour*, *26(3)*, 237–252.

O'Sullivan, M. & Fitzgerald, M. (1998). Suicidal ideation and acts of self-harm among Dublin school children. *Journal of Adolescence*, *21*, 427–433.

Pallis, D.J. (1997). Clinical problems in assessing suicide risk. In A.J. Botsis, C.R. Soldators & C. Stefanis (Eds.), *Suicide: Biopsychosocial approaches* (pp. 167–175). Amsterdam: Elsevier.

Pokorny, A.D. (1986). A scheme for classifying suicidal behaviors. In A.T. Beck, H.L.P. Resnik & D.J. Lettieri, (Eds.), *The prediction of suicide* (pp. 29–44). Philadelphia: Charles Press.

Retterstol, N. (1993). *Suicide: A European perspective*. Cambridge: University Press.

Ringel, E. (1976). The presuicidal syndrome. *Suicide and Life-Threatening Behaviour*, *6(3)*, 131–149.

Roy, A. (1991). In: H.I. Kaplan & B.J. Sadock (Eds.), *Synopsis of psychiatry: Behavioural sciences, clinical psychiatry*. Baltimore: Williams and Wilkins.

Salander-Renberg, E. (1998). Perspectives on the suicide problem – from attitudes to completed suicide. Doctoral Dissertation. Department of Psychiatry, University of Umea.

Schotte, D.E. & Clum, G.A. (1982). Suicide ideation in a college population: A test of a model. *Journal of Consulting and Clinical Psychology*, *50*, 690–696.

Schuman, H. & Johnson, M.P. (1976). Attitudes and behaviour. *Annual Review of Sociology*, *2*, 161–207.

Schwab, J.J., Warheit, G.J., & Holzer, C.E. (1972). Suicidal ideation and behaviour in a general population. *Diseases of the Nervous System*, *33*, 745–748.

Shah, A.K. & Ganesvaran, T. (1997). Inpatient suicides in an Australian mental hospital. *Australia and New Zealand Journal of Psychiatry*, *31*, 291–298.

Shneidman, E.S. (1995). *Definition of Suicide*. Aronson: Jason.

Shneidman, E.S. (1996). *The suicidal mind*. New York: Oxford University Press.

Skinner, B.F. (1957). *Verbal behaviour*. New York: Appleton Century Crofts.

Smith, K. & Crawford, S. (1986). Suicidal behaviour among "normal" high school students. *Suicide and Life-Threatening Behaviour*, *16(3)*, 313–325.

Strang, S.P. & Orlofsky, J.L. (1990). Factors underlying suicidal ideation among college students: A Test of Teicher and Jacobs model. *Journal of Adolescence*, *13*, 39–52.

Swedish National Council for Suicide Prevention. (1995). *Support in suicidal crises: The Swedish national program to develop suicide prevention*. Stockholm: Author.

Teicher, J.D. & Jacobs, J. (1967). Broken homes and social isolation in attempted suicides and adolescents. *The International Journal of Social Psychiatry*, *13*, 139–149.

Williams, M. (1997). *Cry of pain: Understanding suicide and self-harm*. London: Penguin.

Yoder, K.A. (1999). Comparing suicide attempters, suicide ideators and nonsuicidal homeless and runaway adolescents. *Suicide and Life-threatening Behaviour*, *29(1)*, 25–36.