



# Should We Allow to Not Disclose Suicide Risk in Screening Surveys?

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## INTRODUCTION

**Suicide is the third leading cause of death** among U.S. adults age 18-45, but is a largely, if not entirely, preventable public health problem (CDC, 2015; WHO, 2014).

**Self-report screening of suicide risk is a key first step** for risk identification and referral, and is the universally accepted standard practice for clinical assessment (Mann et al., 2005; Bryan & Rudd, 2006).

**However, 60-80% of suicide decedents explicitly deny risk** when last screened, highlighting a severe limitation of self-report (Denneson et al., 2016; Busch et al., 2003).

**One contributing factor may be a reliance on “forced” responding:** to endorse, deny, or quantify various aspects of suicide risk through the use of dichotomous or Likert-type items. Respondent stigma against suicide, uncertainty or ambivalence about suicidal thoughts, and past negative experiences with disclosure likely promote inaccurate self-reporting of current suicidality (Frey et al., 2015; Harris et al., 2010; Niederkrotenthaler et al., 2014; Nock et al., 2010).

**An alternative to forced responding is to instead allow for a choice of explicit nondisclosure,** for example, “prefer not to disclose,” “none,” or “other.”

Inviting and allowing for explicit nondisclosure in self-report suicide risk screening surveys **may control for the effects of stigma, ambivalence, and deception in responding, and may increase screening sensitivity** relative to if responses were forced (Podlogar et al., 2015).

## OBJECTIVES

1. To replicate the finding that explicit nondisclosure is rarely chosen in suicide risk screening, and is uniquely predictive of elevated risk scores
2. To compare within-subject suicide risk scores when allowed to nondisclose vs. forced to respond
3. To investigate potential moderators of likelihood for nondisclosure

## METHOD

- All procedures were reviewed and approved by the FSU IRB
- Participants completed a single battery of self-report screening questionnaires online (45-60 minutes).
- Measures included indirect predictors of suicide risk (INQ, ACSS, BHS, BDI, BAI), measures of stigma and help-seeking (SOSS, GHSQ, BHSS), and direct measures of suicide risk (BSS, DSI-SS)
- Participants randomly assigned to a condition for assessing suicide risk:
  1. **Skip:** Presented standard options, allowed to leave items blank
  2. **Explicit:** Presented with the explicit, “*Prefer not to disclose*” option
- All participants with incomplete suicide risk were later forced to respond

## RESULTS

### All Participants (n = 447)

**No significant participant differences across conditions...**

	Skip (n = 233)		Explicit (n = 244)	
	M/n	SD/%	M/n	SD/%
Age	19.38	1.52	19.48	2.32
Female	171	73.4%	173	70.9%
White	172	73.8%	163	66.8%
Black	12	5.2%	21	8.6%
Hispanic	33	14.2%	39	16.0%
Asian	10	4.3%	10	4.1%
Other Race	6	2.6%	11	4.5%
BSS	6.21	5.06	5.94	4.29
DSI-SS	0.17	0.75	0.14	0.67

### Among Risk Endorsers Only (n = 62)

**Explicit nondisclosure option significantly more likely to have suicide risk missing data...**

	Skip	Explicit
Complete	34 (97.1%)	20 (74.1%)
Missing	1 (2.9%) <sup>a</sup>	7 (25.9%)

*Chi-square* = 7.218, *p* = .007

<sup>a</sup> participant had a non-specific pattern of missingness across all measures

### Among Nondisclosers Only (n = 7)

**Later forcing responses on items resulted in lower total scores than summing available data with nondisclosure, although paired difference test was non-significant...**

	M	SE
BSS Missing	20.14	(4.25)
BSS Forced	13.43	(5.06)
<b>Difference</b>	<b>-6.71</b>	<b>(3.73)</b>

*Paired t-test* = -1.80, *p* = .122

### Regression Predicting Perceived Burdensomeness Among Endorsers (n = 61)

**Explicit nondisclosure predicted higher levels of perceived burdensomeness above and beyond the effect of self-reported suicide risk scores. Nondisclosure predicted a change in perceived burdensomeness equivalent to a 4-point change in DSI-SS, or a 40-point change in BSS.**

	<i>b</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>	<i>r<sub>sp</sub></i>	<i>R</i> <sup>2</sup>	<i>p</i> ( $\Delta R^2$ )
BSS	.154	.084	.225	1.833	.072	.198		
DSI-SS	1.336	.522	.309	2.558	.013	.277	.283	< .001
Nondisclosure	6.161	2.722	.258	2.263	.028	.245	.343	.028

**Measures:** BSS = Beck Suicide Scale, DSI-SS = Depressions Severity Index, Suicidality Subscale, SBQ-R= Suicide Behavior Questionnaire – Revised, GHSQ = General Help Seeking Questionnaire, BHSS = Barriers to Help Seeking Scale, LOC = Locus of Control Scale (10 item), TB = Thwarted Belongingness, PB = Perceived Burdensomeness, ACSS = Acquired Capability for Suicide Scale (20 item), FAD = Fearlessness About Death, DASS = Depression and Anxiety Severity Scale (21 item), BHS = Beck Hopelessness Scale, ISI = Insomnia Severity Index, SOSS – Stigma of Suicide Scale

**In post-hoc comparisons, explicit nondisclosure was associated only with perceived burdensomeness, with large effects, Hedge’s *g* = 1.39...**

	Complete (n = 54)		Missing (n = 7)	
	M	SE	M	SE
BSS	12.54	(1.39)	20.14	(4.25)
DSI-SS	1.06	(0.22)	2.00	(0.79)
SBQ-R	7.78	(0.44)	9.00	(1.95)
GHSQ	26.78	(1.10)	29.67	(1.31)
BHSS-Self-Reliance	19.60	(1.45)	16.67	(4.29)
BHSS-Minimizing	12.58	(0.88)	11.33	(1.87)
BHSS-Distrust	5.55	(0.63)	6.17	(2.06)
BHSS-Privacy	6.66	(0.70)	8.17	(2.32)
BHSS-Control	7.38	(0.76)	6.83	(1.58)
Total BHSS	51.77	(3.64)	49.17	(10.89)
Intrinsic LOC	12.06	(0.33)	10.50	(1.15)
Ext Chance LOC	8.83	(0.39)	10.00	(0.52)
Ext Power LOC	3.96	(0.21)	3.83	(0.60)
TB	27.92	(1.55)	34.50	(5.90)
<b>PB*</b>	<b>11.24</b>	<b>(0.93)</b>	<b>20.67</b>	<b>(2.08)</b>
ACSS	45.09	(1.97)	41.17	(4.76)
FAD	14.06	(1.00)	14.50	(2.68)
DASS-stress	7.08	(0.67)	9.33	(2.08)
DASS-depression	5.72	(0.71)	8.33	(2.72)
DASS-anxiety	4.70	(0.61)	8.67	(2.04)
BHS	5.04	(0.73)	7.83	(2.24)
ISI	11.63	(0.78)	11.67	(2.12)
SOSS-stigma	16.09	(0.77)	19.00	(3.21)
SOSS-depressed	16.00	(0.40)	17.50	(0.89)
SOSS-glory	9.65	(0.40)	10.83	(0.48)

\*Significant Bonferroni-corrected Welch t-test ( $\alpha$  = .002 for 25 post-hoc comparisons)

## DISCUSSION

Explicit suicide risk nondisclosure was rarely selected by screening participants, only 7 out of 244 (2.9%). On average, explicit nondisclosure was associated with significantly higher self-reported suicide risk scores than all participants, as well as higher risk scores than voluntary endorsers, although non-significant. Together, these suggest that **the choice of nondisclosure is a highly specific measure of suicide risk.**

Voluntary skipping of suicide risk items was extremely rare, only 1 out of 233 (0.4%), and was likely due to a general pattern of item-skipping throughout. This suggests that **nondisclosure is often chosen only if made explicit.**

On average, explicit nondisclosers reported lower total suicide risk scores when forced to respond, suggesting they intentionally under-reported when forced, and that **allowing for nondisclosure may be a more sensitive measure of suicide risk.**

Nondisclosure seems to be uniquely and strongly associated with perceived burdensomeness, suggesting that **perceived burdensomeness may moderate explicit nondisclosure.**

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