From Warning Signs to Suicidal Crisis: A Scoping Review of Imminent Suicide Risk Indicators

Marianna Poli[1], Philippe Courtet[2], Raffaella Calati[1,3]

[1]Department of Psychology, University of Milano-Bicocca, Milan, Italy

[2]Department of Emergency Psychiatry and Acute Care, CHU Montpellier, Montpellier, France; Institute of Functional Genomics, University of Montpellier, CNRS, INSERM, Montpellier, France

[3]Department of Adult Psychiatry, Nimes University Hospital, Nimes, France

m.poli4@campus.unimib.it

raffaella.calati@unimib.it

Introduction

Assessing imminent suicide risk is critical for timely and effective clinical interventions [1, 2]. However, most assessment tools focus on self-reported suicidal ideation - which is not always disclosed – and on long-term risk factors. These factors reflect general vulnerability to suicide yet are often insufficient to identify acute periods of heightened risk. Warning signs may instead signal the onset of a suicidal crisis, a state characterized by rapidly escalating psychological distress and an increased likelihood of suicidal behavior [3]. Despite their clinical relevance, warning signs still lack a shared definition and clear temporal boundaries in the literature.

Characteristic Feature	Risk Factors	Warning Signs
Nature of relationship to suicide	Distal	Proximal
Time frame	A year to a lifetime	Hours to days
Empirical foundation	Empirically derived	Clinically identified
Nature of occurrence	Static	Episodic or transient

Adapted from Rudd, 2006.

Objectives

This scoping review aimed to:

1. Synthesize current knowledge on warning signs for suicide;
2. Examine their relationship with the concept of suicidal crisis.

Methods

A search was conducted in Scopus, PubMed, and PsycInfo databases using keywords related to acute suicide risk. Eligible studies included reviews investigating indicators of imminent suicide risk and primary studies of any design (quantitative, qualitative, or mixed methods), provided they were not already covered by the included reviews.

Results

1. A comprehensive **list of warning signs** was synthesized, spanning cognitive, emotional, verbal, and behavioral domains. Many of these signs can be directly observed by others, underscoring the importance of integrating **observed or reported behavioral manifestations** into clinical suicide risk assessments.

Cognitive	Reduced problem-solving abilities Feeling trapped/desperate Feeling like a burden to others Lack of reasons for living/no purpose for living Helplessness Worthlessness Diminished concentration
Emotional	Anxiety Hopelessness Emptiness Agitation Mood shifts (including positive) Anger Apathy Anhedonia Calmness/appearing at peace Panic attacks
Verbal	Threats of suicide/self-harm Talking about suicide or death Direct statements of suicidal intent
Behavioral	Preparatory behaviors Alcohol/substance use Excessive risk-taking Social withdrawal Negative interpersonal life events Sleep disturbances Job/financial strain

2. Several warning signs were found to overlap with symptoms commonly proposed in the clinical characterization of suicidal crises, including **hyperarousal, hopelessness, and social withdrawal**. Suicidal crises are acute, time-limited states that can escalate within days or even hours. Recognizing them improves clinical assessment but would benefit from the introduction of a suicide-specific diagnostic category. Two proposals exist: Acute Suicidal Affective Disturbance (ASAD) [4] and Suicidal Crisis Syndrome (SCS) [5].

Conclusions

This review provides a list of warning signs intended to **assist mental health professionals** in conducting more accurate assessments of imminent suicide risk.
Current research on suicidal crises underscores the need for the introduction of a **suicide-specific diagnostic category** within mental disorder classification systems.

References

1. Rudd MD, Berman AL, Joiner TE, Nock MK, Silverman MM, Mandrusiak M, et al. Warning signs for suicide: theory, research, and clinical applications. Suicide Life Threat Behav. 2006;36(3):255–62.
2. Ryan EP, Oquendo MA. Suicide risk assessment and prevention: challenges and opportunities. Focus (Am Psychiatr Publ). 2020;18(2):88–99.
3. Rogers ML, Jeon ME, Zheng S, Richards JA, Joiner TE, Galynker I. Two sides of the same coin? Empirical examination of two proposed characterizations of acute suicidal crises: suicide crisis syndrome and acute suicidal affective disturbance. J Psychiatr Res. 2023;162:123–31.
4. Tucker RP, Michaels MS, Rogers ML, Wingate LR, Joiner TE. Construct validity of a proposed new diagnostic entity: acute suicidal affective disturbance (ASAD). J Affect Disord. 2016;189:365–78.
5. Galynker I, Bloch-Elkouby S, Cohen LJ. Suicide crisis syndrome: a specific diagnosis to aid suicide prevention. World Psychiatry. 2024;23(3):362–3.