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### The Probability of One to Commit a Suicidal Family Member: Involuntary Hospitalization

Researchers have not determined which factors increase the likelihood of involuntary hospitalization of a suicidal family member. Therefore, the purpose of this study was to examine the likelihood of one's civil commitment of a family member who has a history of suicide and/or a specific plan to commit suicide. A total of 97 African American and Caucasian American undergraduate college students were randomly assigned to read one of four vignettes that described a younger sibling as depressed, hopeless, and thinking of suicide. Participants completed the Suicide Ideation Scale about their own suicidal thoughts and rated how likely they would be to ignore the thoughts, to tell the sibling that suicide is not a good thought, to refer the sibling to therapy, and to commit the sibling to a mental hospital. In most responses, history and plan made no difference. Regardless of whether the sibling had a history or plan, students were unlikely to ignore, likely to tell the sibling that suicide is not a good idea, and likely to refer to therapy. In terms of committing, however, plan made a difference: when the sibling had a plan, participants were slightly likely to commit and moderately sure that they would take this action. In contrast, when the sibling had no plan, participants were neutral to commit and slightly sure they would take this action. Like therapists in current research, untrained college students recognized the imminent risk of a suicide plan.