

Assessing and Managing the Suicidal Patient: Keeping the Patient Safe

When Should an Assessment Be Conducted?

- ◆ At intake on any patient with a mental illness or substance abuse diagnosis
- ◆ When a patient experiences sadness, low mood, recent loss or hopelessness
- ◆ At each subsequent session as long as the patient remains at risk
- ◆ Any time a patient has any other identified potential risk factors.

Each assessment while the patient remains at risk must be documented and include:

- ◆ Findings
- ◆ Risk factors
- ◆ Interventions to contain, manage and mitigate risk.

What Are the Elements for Assessing Suicide?

There are two elements to assess:

- ◆ Elicitation of **suicidal ideation**
- ◆ Identification and weighing of **risk factors**.

How Do I Assess Ideation and Risk?

At minimum, **ask directly for presence and nature of suicidal thoughts**.

- ◆ Determine **frequency and circumstances**; characterize thoughts as **passive** (“*I would be better off dead*”) or **active** (“*I am planning to shoot myself*”)
- ◆ Make use of available assessment tools, such as the Scale for Suicide Ideation (SSI) or Beck Scale for Suicide Ideation (BSS)
- ◆ Determine if there is current **intent** or a **plan**
- ◆ Ask for plan **details**, including **rehearsals**

- ◆ Determine if there's a **history** of thoughts, wishes, impulses or attempts
- ◆ Assess availability and lethality of **means**
- ◆ Assess **attitude, beliefs** and **values** about suicide
- ◆ Be sensitive to the different cultural views regarding suicide
- ◆ Determine if **anything is different** this time that will raise or lower risk
- ◆ Determine if patient **shared ideation** with anyone
- ◆ Identify any support person who might **be helpful** in reducing the risk.

How Do I Weigh Risk Factors?

Patients are at greater risk for suicide if they:

- ◆ Have had psychiatric hospitalization within the past year
- ◆ Are actively psychotic
- ◆ Have depression and/or substance use disorder
- ◆ Have had a recent or impending loss
- ◆ Have a history of impulsive or self-destructive behavior
- ◆ Have committed violence in the past year
- ◆ Have access to guns
- ◆ Have suicidal behavior or have previously attempted suicide
- ◆ Have a family history of suicide
- ◆ Are socially isolated
- ◆ Have a chronic, terminal or painful medical disorder
- ◆ Are of advanced age
- ◆ Are newly diagnosed with serious medical problems
- ◆ Are male age 65 or older

- ◆ Have lost a child either to suicide or in early childhood
- ◆ Have a history of physical or sexual abuse in childhood.

What Are the Top High-Risk Diagnoses for Completed Suicides?

- ◆ Depression, especially with psychic anxiety, agitation and/or significant insomnia
- ◆ Bipolar disorder
- ◆ Alcohol and substance use disorders
- ◆ Schizophrenia
- ◆ Borderline personality disorder.

How Do I Manage the Suicidal Patient?

When *risk appears severe and imminent*, a *medical emergency can exist* requiring immediate containment and intensive medical treatment, usually in a psychiatric hospital setting with close observation. Take direct, appropriate action by calling 911 for emergency services or contact Magellan.

If risk does not appear severe and imminent:

- ◆ Mitigate, eliminate risk factors
- ◆ Strengthen barriers and reasons for not committing suicide
- ◆ Develop outpatient safety plans, including a family support plan
- ◆ Establish a therapeutic alliance
- ◆ Treat underlying disorder or contact Magellan
- ◆ Address any abuse of substances.

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Adolescent

What Are the Elements for Assessing Adolescent Suicide?

- ◆ Elicitation of **suicidal ideation—purpose, isolation, premeditation**
- ◆ Identification and weighing of **risk factors**—consider **subjective** factors (expected outcomes) and **objective** factors (planning activities).

How Do I Assess Ideation and Risk in Adolescent Patients?

(See Adult Tip Sheet)

How Do I Weigh Risk Factors?

Adolescent patients are at greater risk for suicide if they have:

Girls:

- ◆ Depression and/or substance use disorder
- ◆ Attempted suicide or self-harm previously

Boys:

- ◆ Attempted suicide or self-harm previously
- ◆ Depression and/or substance use disorder
- ◆ Disruptive behavior
- ◆ Anger/ aggression

All:

- ◆ Stressful psychosocial life events
- ◆ Poor communication with their parents
- ◆ Poor self-esteem/feelings of inferiority
- ◆ A family history of suicide
- ◆ Feelings of incompetence

- ◆ Feelings of being responsible for negative events (such as parents' divorce)
- ◆ A history of physical and/or sexual abuse
- ◆ A history of and/or current self-mutilation
- ◆ Isolation from peers; deterioration in appearance/dress
- ◆ Struggles with gender identity issues
- ◆ Suicide contagion - suicide in school or peer group.

What Are the Top High-Risk Diagnoses for Completed Suicides?

(See Adult Tip Sheet)

How Do I Manage the Adolescent Suicidal Patient?

When *risk appears severe and imminent, a medical emergency can exist* requiring immediate containment and intensive medical treatment, usually in a psychiatric hospital setting with close observation. Take direct, appropriate action by calling 911 for emergency services or contact Magellan.

If risk does not appear severe or imminent:

- ◆ Evaluate ideation, intent and plans more frequently
- ◆ Re-frame the suicide attempt as unsuccessful problem-solving
- ◆ Enlist parents/family as allies
- ◆ Educate parents about suicide
- ◆ Instruct parents to take suicidal statements seriously and limit access to any lethal means.

Please refer to the full clinical practice guideline, *Assessing and Managing the Suicidal Patient*, available online at www.MagellanHealth.com/provider.