Assessing and managing the suicidal patient: keeping the patient safe

When should an assessment be conducted?

- At intake for any patient with a psychiatric complaint, history of non-suicidal self-injuries, previous suicide attempt, mental illness diagnosis or substance use disorder
- When a patient experiences sadness, low mood, recent loss or hopelessness or having no purpose
- When a patient acts anxious, agitated, or reckless or shows rage and talks about seeking revenge
- When a patient displays extreme mood swings
- At each subsequent session as long as the patient remains at risk
- Any time a patient has any other identified potential risk factors.

Document each assessment while the patient remains at risk 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 ideation ("I would be better off dead") or active ideation with a plan ("I am planning to shoot myself")
- Make use of available assessment tools, e.g., the Scale for Suicide Ideation (SSI), Beck Scale for Suicide Ideation (BSS) or Columbia-Suicide Severity Rating Scale (C-SSRS)
- 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, self-injuries or suicide attempts
- Assess availability and lethality of means
- Assess attitude, beliefs and values about suicide
- Ask patient about barriers to suicide, reasons for living and dying
- Consider and 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 experienced:

- Psychiatric hospitalization within the past year
- More than one risk factor (increases risk of suicide)
- Recent discharge from inpatient psychiatric unit, emergency department, or residential addiction treatment
- Lack of treatment access, discontinuities in treatment, or fragmented care
- Active psychotic symptoms
- Depression; bipolar disorder, alcohol and other substance use disorder; schizophrenia; borderline personality disorder; psychopathology with psychotic symptoms, or dementia accompanied by depression
- Depressive disorders accompanied by anxiety
- Nonadherence to medication treatment for schizophrenia/psychosis
- Abrupt discontinuation of Lithium treatment
- Recent or impending loss
- Stressful life events, such as divorce, loss of a job
- Early separation from the military
- History of impulsive or self-destructive behavior
- Access to firearms or other lethal means
- Past suicidal behavior, previous suicide attempts, or repeated self-harm
- Family history of suicide
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How do I weigh risk factors? (continued)

- Feelings of hopelessness
- Social isolation
- Being a victim of bullying, including cyber bullying
- Middle age (45 years or older)
- Aged 65 or older, especially male
- A chronic, terminal or painful medical disorder
- Being newly diagnosed with a serious medical condition, including HIV/AIDS
- Traumatic brain injury
- Insomnia or other sleep disturbance
- Loss of a child to suicide or in early childhood
- History of child maltreatment (physical or sexual abuse or neglect) or trauma
- Stigma as a homosexual, bisexual, or transgender youth
- Social disconnectedness and are elderly.

What are the top high-risk diagnoses for completed suicides?

- Depression, especially with psychic anxiety, agitation and/or significant insomnia
- Bipolar disorder
- Alcohol and other substance use disorders
- Schizophrenia
- Borderline personality disorder
- Psychotic symptoms accompanied by psychopathology
- Dementia accompanied by neuropsychiatric symptoms of depression and over the age of 60.

How do I manage the suicidal patient?

When risk appears severe and imminent, a medical emergency requires immediate containment and intensive medical treatment, usually in a psychiatric hospital setting with close observation. Take direct, appropriate action by calling 911 or local crisis response team for emergency services.

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 previous (adult) tip sheet.

How do I weigh risk factors?

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

Girls:
- Depression and/or substance use disorder
- Previous suicide attempts or self-harm
- ADHD (inattentive type with no medical treatment).

Boys:
- Previous suicide attempts or self-harm
- Depression and/or substance use disorder
- Anger/aggression/impulsive behavior.

All:
- Stressful life events
- Psychotic symptoms with existing psychopathology
- Received treatment with SSRIs (however, findings have shown that with careful monitoring, the risk/benefit for SSRI use in pediatric depression appears to be favorable)
- Poor communication with parents / family conflict
- Poor self-esteem/feelings of inferiority
- Feelings of incompetence
- Recent history of suicide of friend, sibling or other family member
- Death of a parent, especially by suicide
- Feelings of being responsible for negative events (such as parents’ divorce)
- Current self-mutilation/self-harm behavior
- Isolation from peers; deterioration in appearance/dress
- Struggles with gender identity issues
- Suicide contagion - suicide in school or peer group
- Physical or sexual abuse, neglect, or trauma
- Being a victim of bullying, including cyber bullying, or frequently bullying others
- Stigma as a homosexual, bisexual or transgender youth

How do I manage the adolescent suicidal patient?

When risk appears severe and imminent, a medical emergency requires immediate containment and intensive medical treatment, usually in a psychiatric hospital setting with close observation. Take direct, appropriate action by calling 911 or local crisis response team for emergency services.

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.

What are the top high-risk diagnoses for completed suicides?

See also previous (adult) tip sheet.
- Major depression, especially for girls
- Substance use disorder
- Disruptive behavior, especially for boys
- Psychosis with baseline psychopathology