Assessing and managing the suicidal patient: keeping the patient safe

Magellan HEALTHCARE℠

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

 Adapted from: Magellan Healthcare *Practice Guideline for Assessing and Managing the Suicidal Patient,* this tip sheet has been produced to provide assistance to psychiatrists and other mental health professionals, and to primary care physicians, in evaluating the potentially suicidal patient. Comprehensive review of the guideline is recommended.

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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

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

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.

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