Assessing and Managing the Suicidal Patient: Keeping the Patient Safe

When Should an Assessment Be Conducted?

- At intake on 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 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.

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 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/are:

- Psychiatric hospitalization within the past year
- More than one risk factor, increasing risk of suicide
- Been recently discharged from inpatient psychiatric unit, emergency department, or from residential addiction treatment
- Experienced discontinuities in treatment and fragmentation of care
- Actively psychotic
- Depression and/or substance use disorder; bipolar disorder, alcohol and other substance use disorder; schizophrenia; dementia; borderline personality disorder; psychopathology with psychotic symptoms, dementia accompanied by neuropsychiatric symptoms of depression
- Depressive disorders accompanied by anxiety
- Been noncompliant with medication treatment for schizophrenia
- Had lithium treatment discontinued, especially when abrupt discontinuation
- Had a recent or impending loss
- Stressful life events
- Recent separation or divorce
- A history of impulsive or self-destructive behavior
- Committed violence in the past year
- Access to guns
- Past suicidal behavior or have previously attempted suicide
- A family history of suicide
- Socially isolated
- Victims of cyber bullying or other social messaging
- A chronic, terminal or painful medical disorder
- Of advanced age, i.e., aged 45 years or older
- Newly diagnosed with serious medical problems
- Male aged 65 or older
- Lost a child either to suicide or in early childhood

 Adapted from: Magellan Behavioral Health *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.

- A history of physical or sexual abuse in childhood
- Homosexual, bisexual, transgender youth
- Diagnosis of HIV-AIDS
- 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 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/are:

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

Boys:
- Attempted suicide or self-harm previously
- Depression and/or substance use disorder
- Disruptive behavior
- Anger/ aggression/impulsive behavior.

All:
- Stressful psychosocial life events
- Psychotic symptoms with existing psychopathology
- Received treatment with SSRIs (however, findings have shown that overall, the risk/benefit for SSRI use in pediatric depression appears to be favorable with careful monitoring)
- Poor communication with their parents/family conflict
- Poor self-esteem/feelings of inferiority
- Feelings of incompetence
- Recent history of suicide of friend, sibling or other family member
- 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
- Victims of child abuse
- Victim of cyber bullying or other form of social messaging
- Homosexual, bisexual or transgender.

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 requires* 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.