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
- 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.
Adolescent

What are the elements for assessing adolescent suicide?

- Elicitation of suicidal ideation—purpose, isolation, preméditation
- 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.