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, 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.